


**FINAL ADDENDUM
TO THE DRAFT EIR**

**KAISER PERMANENTE
MEDICAL OFFICE BUILDING
Environmental Impact Report**

February 8, 1991
ER-88-45
SCH# 90030072





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Prepared for:
City of Oakland
City Planning Department

**Environmental
Science
Associates, Inc.**

301 Brannan St.
Suite 200
San Francisco, California
94107-1811
(415) 896-5900

4221 Wilshire Blvd.
Suite 480
Los Angeles, California
90010-3512
(213) 933-6111

1930 9th Street
Suite 220
Sacramento, California
95814-7044
(916) 325-9344

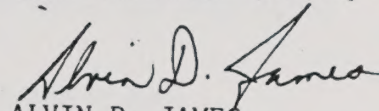
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City of Oakland
Oakland, California

FINAL ENVIRONMENTAL IMPACT REPORT FOR:
Kaiser Permanente Medical Office Building
(Project Title)
California Environmental Quality Act

CERTIFICATION OF COMPLIANCE WITH THE
CALIFORNIA ENVIRONMENTAL QUALITY ACT

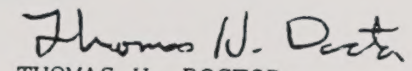
The Director of City Planning finds that the attached Final Environmental Impact Report has been completed in compliance with the California Environmental Quality Act, the Guidelines prescribed by the Secretary for Resources, and the provisions of the City of Oakland's Statement of Objectives, Criteria and Procedures for Implementation of the California Environmental Quality Act.


ALVIN D. JAMES
Director of City Planning

Date:

ACCEPTANCE OF FINAL REPORT BY CITY PLANNING COMMISSION

The attached Final Environmental Impact Report was accepted by the Oakland City Planning Commission at its meeting of _____.


THOMAS H. DOCTOR
City Planning Commission

Attach to Final Environmental Impact Report.

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I. INTRODUCTION

A. CEQA PROCESS

On August 21, 1990, the City of Oakland Planning Department (Lead Agency) released for public review a Draft Environmental Impact Report (Draft EIR or DEIR) on a proposed Kaiser Permanente Medical Office Building planned for Kaiser's Oakland Medical Center (ER-88-45, SCH#90030072). The 75-day total public review and comment period on the DEIR began on August 21, 1990, and closed on November 5, 1990.

The Draft EIR for the Kaiser Permanente Medical Office Building, together with this FEIR Addendum constitute the Final EIR for the proposed project. The Final EIR is an informational document prepared by the Lead Agency (City of Oakland Planning Department) that must be considered by decision makers (including the Oakland City Planning Commission) before approving or denying a proposed project. California Environmental Quality Act (CEQA) guidelines (Section 15132) specify the following:

"The Final EIR shall consist of:

- (a) The Draft EIR or a revision of that draft.
- (b) Comments and recommendations received on the Draft EIR either verbatim or in a summary.
- (c) A list of persons, organizations, and public agencies commenting on the Draft EIR.
- (d) The response of the Lead Agency to significant environmental points raised in review and consultation process.
- (e) Any other information added by the Lead Agency."

This document has been prepared pursuant to CEQA guidelines. This Final EIR Addendum incorporates comments from public agencies and the general public, and contains appropriate responses by the Lead Agency to those comments.

B. METHOD OF ORGANIZATION

This Final EIR Addendum for the proposed Kaiser Permanente Medical Office Building contains information in response to concerns raised during the public comment period.

Section II of this document contains staff-initiated text changes (initiated by Oakland City Planning Department staff) and errata to the Draft EIR, reflecting necessary additions and corrections not addressed by public comments or responses to the comments.

Section III contains a list of all persons and organizations that submitted written comments on the Draft EIR, and/or that testified at the public hearing held on September 18, 1990.

Section IV contains comment groupings, concise summaries of the comments received, and responses to comments. Each comment is addressed, although where the essential content of more than one comment was the same, the comments have been provided one response. Where the content of one comment referred to more than one technical issue within the Draft EIR, the comment is provided more than one response. The section is arranged according to the Draft EIR organization.

Section V contains full copies of all comments received, both by written communications and in public testimony. Each comment has been labeled with a unique identification number for reference to its response. Where substantially the same written comment has been repeated by the same commenter, and the same response is appropriate for the repeated comment, the identification number for reference to the response is also repeated (repeated identification numbers are within parenthesis).

Section VI contains names of report authors and organizations consulted in the preparation of this Final EIR Addendum.

II. STAFF-INITIATED ADDENDA TO THE DRAFT EIR

The following staff-initiated corrections and changes are made to the Draft EIR and incorporated as part of the Final EIR:

The reference to the number of stories in the proposed building is in error on page 72. In the last paragraph, first sentence, delete "The proposed six-story Kaiser Oakland Medical Office Building . . ." and replace it with the following:

"The proposed four-story Kaiser Oakland Medical Office Building . . ."

The reference in Section IV.C to a "landscaped atrium" along the Howe Street frontage is in error; no atrium is planned for this area. On page 84, the sentence under "Proposed as Part of the Project" reading:

A landscaped atrium providing pedestrian access would be provided along the Howe Street frontage between the proposed Medical Office Building and the existing Hospital Campus, in order to provide landscaped public pedestrian circulation space for neighborhood residents, and Hospital employees and visitors.

is deleted and replaced with:

An open plaza outside the Medical Office Building entrance on Howe Street, between the building entrance and the public sidewalk, would be included in order to provide public access and circulation space for Medical Center employees and visitors.

On page 140, second paragraph, last sentence, correct ". . .86,000. . ." to read ". . .123,000. . ."

On page 147, the second mitigation measure (second bulleted paragraph) incorrectly summed off-street parking stalls required for the Kaiser Medical Center in 2002. In the second line of that paragraph, delete the following:

". . . an additional 268 Kaiser off-street parking stalls..."

and replace it with the following:

". . . an additional 263 Kaiser off-street parking stalls..."

In the fifth line of that paragraph, delete the following:

". . . provided or a total of 466 new parking stalls."

and replace it with the following:

" . . . provided for a total of 461 new parking stalls."

The same corrections are made to the mitigation measure by reference, in DEIR Section II (Summary) and Section X (Summary of Mitigation Measures).

On page 158 under discussion of air quality effects (Section IV.E), the levels of significance for carbon monoxide (CO) are not clear. After the third sentence of the first paragraph on page 158, the following is added for clarification:

Only when modeled CO emissions from vehicular sources are predicted to exceed standards would the CO pounds per day criteria be applicable. Because modeled intersections are predicted to exceed standards, this test would be applicable.

Under the discussion of solid waste in Section IV.I, the recycling strategies proposed as mitigation measures were not clear. At the top of page 188, under "Measures Identified in This Report," the following sentence is added to the end of the first bulleted item:

This would be done by providing easily accessible holding bins for recyclable materials that would encourage recycling of these waste products.

On page 238, under the discussion of alternative sites in Oakland, the DEIR stated incorrectly that such alternatives were considered to be financially infeasible. While potentially costly, the alternative sites considered were rejected for programmatic reasons. In the first sentence of the second paragraph, the words ". . . economically and . . ." are deleted; the sentence now reads:

The project sponsor has rejected this alternative because Kaiser considers it to be programmatically infeasible.

The two sentences immediately following, beginning "In the opinion of the project sponsor,..." and "Renovation of the 3505 Broadway building would cost..." are deleted, and replaced with the following:

The Department of Medicine, which is the primary physician group that would be located in the proposed MOB, requires a direct adjacency to hospital-based diagnostic and clinical support departments (including Radiology, Magnetic Resonance Imaging, CT Scan, Echocardiography, and Lithotripsy). Many of the patients seen by physicians in the Department of Medicine are frail or disabled and would have difficulty accessing these support services from a more distant location. In addition, the physicians often have hospitalized patients to see on a daily basis.

III. LIST OF PERSONS AND ORGANIZATIONS COMMENTING ON THE DRAFT EIR

A. PERSONS AND ORGANIZATIONS COMMENTING IN WRITING

The following agencies, organizations, and individuals submitted written comments on the Draft EIR during the review period (August 21 - November 5, 1990):

<u>Organization and Signatory</u>	<u>Date</u>
City of Oakland Jerry E. Blueford, Fire Marshall	August 31, 1990
Oakland Chamber of Commerce Ted Dang, Chairman	September 17, 1990
Piedmont Avenue Neighborhood Improvement League (PANIL), H.E. Christian Peeples, Chair	September 19, 1990
Bay Area Rapid Transit District Gregory R. Gleichman, Manager of Service Integration	September 26, 1990
State of California The Resource Agency of California Dennis O'Bryant, Environmental Program Coordinator	September 26, 1990
State of California Department of Transportation Preston W. Kelly, District Director; Gary F. Adams, District CEQA Coordinator	October 2, 1990
City of Oakland Office of Parks and Recreation Cleve Williams, Assistant Director	October 5, 1990
Wilson, Sher, Marshall & Peterson, Gregory S. Nerland, Attorney	November 2, 1990
Piedmont Avenue Neighborhood Improvement League (PANIL), H.E. Christian Peeples, Chair	November 5, 1990

III. List of Persons and Organizations Commenting on the Draft EIR

<u>Individuals</u>	<u>Date</u>
Antonio Lattin	September 15, 1990
Frank W. Shawl	October 1, 1990
Ann Hershey, Carol Osmer-Newhouse, Frank Shawl, James Spohn, Toni Robinson, Don Pharaoh, Angel Ramos, Sandy Boucher and Dr. Barbara Wilt	October 2, 1990
James Spohn	October 8, 1990
Barbara Duncan	October 15, 1990
Frank Shawl	October 20, 1990
Don Grappo	October 24, 1990
Suzanne Onodera	October 28, 1990
Joan Dark	October 31, 1990
Michael Bass	November 2, 1990
Arlene Cotton	November 2, 1990
Lorna E. Jones	November 2, 1990
Paul A. Kircher	November 2, 1990
Joseph L. McDonald	November 2, 1990
Karen F. McRobie	November 2, 1990
Margaret Tappe and Rex Tappe	November 2, 1990
Susan M. Walsh and Vinton W. Bacon, Jr.	November 3, 1990
Loa Lovely	November 3, 1990
James Ploss	November 4, 1990
Seth H. Ronald and Christine Bloomingdale	November 5, 1990
Phillip Mineart, P.E. Zoe Bolton	November 5, 1990 Undated

III. List of Persons and Organizations Commenting on the Draft EIR

Letters of comment are reproduced in their entirety in Section V of this document, Letters and Testimony Received. The comment letters are sequenced in chronological order according to the date the comments were prepared. Each substantive comment on the Draft EIR has been identified in the margin with a unique number. Where substantially the same written comment has been repeated by the same commenter, and the same response is appropriate for the repeated comment, the identification number for reference to the response is also repeated (repeated identification numbers are within parenthesis).

The letter of comment dated September 19, 1990, submitted by the Piedmont Avenue Neighborhood Improvement League (PANIL) provides comments on the Draft EIR which were duplicated and expanded upon in the PANIL submission of November 5, 1990. Therefore, the September 19, 1990 letter is reproduced in Section V of this document, but all responses to comments prepared by PANIL respond to the written document of November 5, 1990.

B. PERSONS AND ORGANIZATIONS COMMENTING AT THE PUBLIC HEARING

The following persons provided public testimony at the Oakland City Planning Commission Public Hearing on the DEIR, held at Lakeside Garden Center on Wednesday, September 18, 1990:

Tom DeMartino

Dr. Bob Kline

Chris Peebles

George Horton

George Csicsery

Flora Mirzaian

Karen McRobie

A written transcript of the public testimony is included in its entirety in Section V of this document. Each comment on the Draft EIR has been numbered in the transcript margin.

IV. RESPONSES TO COMMENTS ON THE DRAFT EIR

In their letters and testimony, many individual comments raised similar issues or made substantially related comments. To facilitate efficient response, all comments are classified according to Draft EIR topic (project description, traffic, noise, etc.), and then further grouped according to specific issue of concern. This approach allowed comments from two or more different parties who raised essentially the same concern to be considered as a single comment, addressed in a consistent manner, and addressed under a single response.

In the response format that comprises the remainder of this section, summaries of all comments received have been grouped according to technical topic; the grouping sequence follows the topical organization of the Draft EIR (in accordance with that document's Table of Contents). Under each major topic, sets of closely related comments are listed, as appropriate, using the identification number assigned to each. In grouping of comment summaries and preparation of appropriate responses, no distinction was made between written comments and comments received at the public hearing. The responses follow each set of comments. Immediately prior to the response for each set, the major concern(s) of each grouping are summarized or substantially restated.

The full text of comments is reproduced in Section V of this document, Letters and Testimony Received.

A. PROJECT DESCRIPTION (DEIR Section III)

Comment 183: It is important to describe the history of this project so that some of the hidden impacts of this project can be understood. In August of 1984, demolition permits were acquired for the 12 buildings formerly on the project site.

Response: The definition of "Project", under the Guidelines of the California Environmental Quality Act (CEQA), includes the following:

"'Project' means the whole of an action, which has the potential for resulting in physical change in the environment, directly or ultimately . . ." and "The term 'Project' refers to the activity which is being approved and which may be subject

to several discretionary approvals by governmental agencies. The term 'Project' does not mean each separate governmental approval." (CEQA Section 15378 (a) and (c).

Thus, the proposed project evaluated within the DEIR does not, and should not under CEQA Guidelines, include discussion of past actions on the site which required separate approval actions by City agencies.

1. PROJECT LOCATION (DEIR Section III.A)

Comment 84: The property to be demolished at 251 38th Street has seven trees, two giant palms, and seven rose bushes -- not two mature trees as the DEIR states.

Response: The comment is noted. The last sentence on page 25 of the DEIR is deleted and replaced with:

The site also contains seven trees, two giant palms, and seven rose bushes, which would be removed for project construction.

Comments 120 and 273: The large trees in the yard at 251 38th Street are to be cut down, resulting in potential loss of hummingbird breeding habitat and no mitigation.

Response: The comments raise an issue (vegetation and associated wildlife habitat) that was focused out of the DEIR by the Initial Study (see DEIR Appendix A), because there were no endangered species of plants or animals identified on the site, and because the project would provide approximately 45 new trees planted with landscaping. The potential loss of existing habitat and of other benefits of mature trees would occur as a result of project construction, but the proposal to plant trees as part of the landscaping plan for the new Medical Office Building (MOB) would add new trees that would become mature over time. It is anticipated that the 45 new trees would substantially mitigate the loss of the existing mature trees and would potentially provide alternative hummingbird habitat.

2. PROJECT BUILDING DESIGN (DEIR Section III.B)

Comments 80, 86, 97, 104, 110, 123, 143, 146, 155, 171, 300 and 311: In the Notice of Preparation for the DEIR (January 1990), the size of the project was listed as approximately 79,700 or 86,000 square feet. The DEIR, however, described a building of 123,000 square feet. The discrepancy is not explained, and the building evaluated in the DEIR might not be the building Kaiser actually intends to build.

IV. Responses to Comments on the Draft EIR

Response: The 123,000 square foot building evaluated in the DEIR is the actual size of the building that Kaiser proposes to build. As presented in Table 1 on page 34 of the DEIR, the project would include about 92,500 net square feet of building space, and would provide a total of about 123,000 gross square feet of building area (internal space). The effective size of the building did not change between issuance of the Notice of Preparation and submittal of the DEIR, but the size description was adjusted to include total building area, rather than only the smaller area calculated on the basis of usable space for the Medical Center. The building height, building footprint, and building envelope have not increased. Kaiser revised their program to include proposed building space in the basement level as part of the proposed program, instead of including the space as "unassigned" space as at the time of release of the Notice of Preparation. The environmental impact evaluation incorporated into the Draft EIR evaluated potential impacts of the construction and operational characteristics of the entire project as described in the Draft EIR Project Description.

Comments 114, 129, and 231: The proposed one-way exit on 38th Street is too elaborate and inviting to the public, and should be scaled back or even eliminated. As an entrance, it could cause impacts on the residential streets. Mitigation must be incorporated to prevent Kaiser from making it a two-way entrance.

Response: As stated on page 27 of the DEIR, the proposed pedestrian exit onto 38th Street and Cerrito Avenue is intended for emergency use only. Interior signs would label it as such and would direct visitors to non-emergency exits via the Howe Street entrance or via the pedestrian tunnel to the main hospital. The exterior design of the exit at 38th Street and Cerrito Avenue is intended to serve as a buffer between the building egress and the street (See also Comment 40, below.) From the exterior, the exit door would be partially screened from view, would not be labeled as a pedestrian entrance, and should therefore not attract pedestrians. If desired by residents on 38th Street and Cerrito Avenue, the Medical Center could be requested to add to the project a fence along the entire Cerrito Avenue frontage of the project site, which would also serve to discourage attempts at entry and/or non-emergency use. A fence could, conversely, impede the efficiency of emergency pedestrian exit from the building and would thereby be subject to review and approval by the Oakland Fire Department prior to implementation.

IV. Responses to Comments on the Draft EIR

Comments 150 and 276: In light of the proposed increase in planned building size noted between the Notice of Preparation and the DEIR, public agencies might not have commented yet on the larger-scaled project, and should be given the opportunity to do so.

Response: Agencies which received the Notice of Preparation also received a copy of the DEIR at the start of the public comment period for the DEIR. All concerned public agencies have had the opportunity to review and comment on the DEIR during the 75-day total public comment period, and have therefore had the opportunity to assess the DEIRs' analysis of potential impacts resulting from construction and operation of the 123,000 gross-square-foot building proposed by Kaiser. Comments made by public agencies on the content of the DEIR are reproduced and summarized in this document, and are responded to as appropriate.

Comment 154: The proposed park on Cerrito Avenue should be fenced off from the street and its access restricted to Kaiser employees to prevent loitering problems.

Response: Loitering in a hospital zone is prohibited by Oakland Municipal Code Section 3-6.01. Posting of a sign prohibiting loitering, and enforcement of the Municipal Code by police, would minimize the potential for loitering. The City could request Kaiser to provide a fence along the Cerrito Avenue frontage of the project site, if desired by neighbors on 38th Street and Cerrito Avenue. This fence could enclose the proposed Cerrito Avenue plaza and prevent access from the street.

Comment 121: The proposed park on Cerrito Avenue would be a potential source of noise, litter, loitering, and crime; these impacts have not been addressed in the DEIR.

Response: Some increase in ambient noise would be unavoidable if the proposed plaza were open for people to use. Noise increases could be mitigated partially by restricting access to Kaiser employees (see response to Comment 154, above). It is not expected that ambient noise, litter, loitering, or crime on Cerrito Avenue would be substantially increased by the proposed plaza, especially if its use was restricted to Kaiser employees. Any litter on the project grounds would be picked up regularly by building maintenance staff, and such litter, as well as potential loitering and crime incidents could all be

IV. Responses to Comments on the Draft EIR

minimized by fencing, access control and enforcement of anti-loitering laws as discussed under responses to comments above. General provisions for crime control at the proposed MOB are discussed under Comments 37 et al. in Section IV.B.8 Public Services and Utilities of this document.

3. PROJECT SPONSOR'S OBJECTIVES (DEIR Section III.G)

Comments 46 and 126: Kaiser has stated that it needs to expand to meet the needs of an increased patient load. One can assume that, as Kaiser expands to accommodate more patients, the patient load will continue to increase, and Kaiser will need to expand again.

Response: The comment is noted. Kaiser Administration staff have indicated that there are currently no additional expansion plans beyond a possible administration building on the Fabiola Building site. No formal development proposal for the Fabiola Building site has been prepared, and therefore development of that site cannot be considered to be reasonably foreseeable. Future expansion of the Oakland Medical Center is speculative at this time, and would, as with the proposed Medical Office Building, require environmental review and discretionary actions (including public hearings) before the Oakland City Planning Commission.

4. DISCRETIONARY APPROVALS REQUIRED (DEIR Section III.E)

Comment 22: Rezoning of 7,100 sq. ft. of the project site from R-70 to S-1 must be expedited in order to allow completion of the project.

Response: Comment noted. No response necessary.

Comment 40: A Tree Removal Permit will be needed from the Office of Parks and Recreation.

Response: The comment is noted. As stated on pages 39 and 40 of the DEIR, prior to the start of construction, the Hospital would be required to obtain all necessary permits including demolition, tree removal, and building permits.

Comments 122 and 272: The DEIR does not mention deed restrictions to preserve the proposed park/open space areas.

IV. Responses to Comments on the Draft EIR

Response: The open space areas are an integral part of the proposed project, and therefore would be a permanent part of the project. If alteration to the proposed open space design or size were proposed after the project were completed, permits from the City would be required and therefore review of the proposed alterations would be conducted by City staff. It is not anticipated that deed restrictions on the property would be necessary.

B. ENVIRONMENTAL SETTING, IMPACTS AND MITIGATION

1. LAND USE, COMPREHENSIVE PLAN AND ZONING (DEIR Section IV.A)

Comments 7, 47, 76, 77, 82, 95, 98, 112, 125, 156, 174, 292, 294 and 305: A long-term Master Plan to guide future growth for the entire Kaiser Medical Center should be prepared and implemented prior to project approval; this would ensure that this project is part of a coherent plan and that future space needs and environmental considerations were addressed in advance.

Response: The comment is noted. Although a long-term Master Plan would likely address any future growth plans specific to the Kaiser-Oakland Medical Center, and would thereby provide an opportunity for review and comment by concerned individuals and public agencies, the City of Oakland does not currently require preparation and discretionary review of a long-term master plan for hospital facilities such as the Kaiser Medical Center. Kaiser has disclosed no plans for future development at the Oakland campus.

Comments 9, 18, 96, and 175: The remainder of Howe Street should be rezoned from S-1 (Medical Center) to residential use designation, such as the R-70 (High-Density Residential) designation on part of the site now, as a prerequisite of the project. Rezoning of 38th Street and Cerrito Avenue is also suggested.

Response: The comment reiterates discussion in the Draft EIR (DEIR p. 63) which discusses the Planning Department staff's identification of a possible action that could be initiated by Planning Department staff and acted upon by the City Planning Commission, whereby remaining parcels north and east of the site on the project site block currently zoned S-1 (Medical Center) could be rezoned to a residential use, subsequent to (and separate from) discretionary action regarding the proposed rezoning

IV. Responses to Comments on the Draft EIR

for the project. The City may initiate such an action subsequent to discretionary actions taken on the proposed project. As stated in the DEIR, the project site lots currently fronting 38th Street or Cerrito Avenue are now zoned R-70, and would be rezoned to S-1 as part of the proposed project.

Comments 58 and 115: Rezoning from R-70 to S-1 might cause disruptions in the residential neighborhood, such as increased noise, loitering, and litter; the DEIR should consider these impacts.

Response: The act of rezoning, by itself, would not cause increased noise, loitering, and litter. The change in land use potentially allowable due to the zoning change could result in such impacts; these impacts were addressed in appropriate sections of the Draft EIR (Sections IV.F Noise, and IV.I Public Services and Utilities) and are further addressed in responses to comments in appropriate sections of this Final EIR Addendum (Sections IV.B.5, IV.B.8).

Comments 85, 137, 138, 172 and 304: Twelve residential units on Howe Street have already been demolished on the current project site. The impacts of that loss of housing were not addressed in the DEIR, nor are the proposed mitigation measures sufficient. The single dwelling Kaiser plans to donate to the City does not provide adequate mitigation, especially as the house would be used as a construction office during project construction. Upgrading the donated building to current codes also is not discussed. Kaiser should build equivalent housing in the area to that destroyed on the site.

Response. The demolition of the housing units previously located on the project site is not part of the project currently proposed and evaluated in the Draft EIR document, and therefore is outside the scope of the DEIR analysis. Upgrading the donated building to current codes, if necessary, would be required for the mitigation measure to be considered fully implemented.

The comment on the inadequacy of the mitigation proposed is noted. The DEIR, on page 64, identifies a mitigation measure whereby the second single-family residence currently on the site could also be relocated rather than demolished, if the structure is determined to be in sound physical condition. In addition to mitigation discussed on page 64 of the DEIR, the project sponsor would provide relocation assistance to the

IV. Responses to Comments on the Draft EIR

current tenant that would be displaced from the project site (see Section IV.F of this document). The following is added to page 64, as the last paragraph under measures Proposed as Part of the Project (see also response to Comment 277 in Section IV.F of this document):

- The Medical Center would pay a moving allowance of \$1,500 to the current tenant to cover actual documented costs associated with finding and moving to new accommodations within the nine-county Bay Area. Alternatively, the tenant may elect to receive a moving allowance of \$500 in cash without the need to substantiate any costs.

Comments 83, 87, 176, and 312: The impacts of the new central plant being constructed on Broadway to house boilers, generators, and other mechanical functions for the proposed MOB are not addressed in the DEIR.

Response: The new central plant is being built to meet utility and energy supply and distribution demands of the entire Medical Center, and is not specifically under construction to supply future demand generated by operation of the proposed project. A Negative Declaration was previously prepared by City Planning Department staff and published for the Central Utility Plant project. Preparation of that document included an opportunity for public comment, including a designated time period whereby an appeal could be made to the finding of No Significant Impact.

Comments 111 and 221: The DEIR does not demonstrate that the proposed use of the site satisfies the goals of Oakland's Comprehensive Plan as well or better than the existing designated land use, as the plan requires.

Response: The relationship of the proposed project to the Oakland Comprehensive Plan and Oakland Policy Plan is presented in Table 4, DEIR pages 53 through 59. In that table are identified applicable policies of the Land Use Element, Housing Element and Policy Plan and whether the project would be consistent, or would conflict, with each of the identified policies. The purpose of the DEIR is not to "demonstrate" that the proposed project would be in full compliance with applicable policies of the Comprehensive Plan; the DEIR does identify the relationship of the project to those policies as required by Section 15125(b) of the State CEQA guidelines.

Comments 136, 169 and 293: Kaiser presently owns a number of properties along 38th Street and Cerrito Avenue. No discussion of Kaiser's plans for the property it owns in the project area was provided in the DEIR.

IV. Responses to Comments on the Draft EIR

Response: The properties owned by Kaiser at 3800 Cerrito Avenue (the project site), 3801 Cerrito Avenue, 3819 Cerrito Avenue, 251 38th Street (the project site), 257 38th Street, 263/265 38th Street, 275 38th Street, 277 38th Street, and 281 38th Street were all acquired by Kaiser prior to February, 1984; Kaiser administration representatives have stated that these properties were acquired at the time in order to provide a buffer zone between the existing medical center and the adjacent residential area. Kaiser acquired the property at 3808 Cerrito Avenue (on the project site) in 1988, and has stated that its purchase was intended for provision of a construction office during construction of the proposed project. At the present time, Kaiser has no plans to develop these properties./1/ Therefore, the DEIR is in compliance with CEQA Guidelines which specify inclusion of reasonably foreseeable projects (proposed, approved for development, or under construction) in its analyses of the impacts of this proposed project, in conjunction with impacts in a cumulative context (reasonably foreseeable projects).

Comment 187: The DEIR defines the lifespan of the project as 50 years. Impacts, however, are assessed based only upon a 2-year or 20-year period.

Response: The design lifespan of the proposed MOB is approximately fifty years, as stated in DEIR Section VII, but uncertainties in demographic trends and in methodologies for forecasting future environmental conditions make it infeasible to reasonably assess impacts over a timeframe beyond about twenty years in the future. Therefore, the DEIR did not attempt speculation concerning the contribution of the project to environmental impacts of future growth and development (background growth) beyond a twenty-year timeframe. This is in keeping with CEQA Section 15145, which states "if, after thorough investigation, a Lead Agency finds that a particular impact is too speculative for evaluation, the agency should note its conclusion and terminate discussion of the impact." The conditions of certain environmental topics beyond a twenty-year timeframe are too speculative for accurate impact evaluation.

NOTE:

/1/ Joyce Berger, Assistant Administrator, Kaiser Permanente, letter to Chris Glore of Environmental Science Associates, December 12, 1990.

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Comment 222: The proposed building exit onto 38th Street at Cerrito Avenue has the potential to be converted to an entrance, making the preparation of an Institutional Master Plan for the Kaiser campus even more desirable. The exit converted to an entrance could link further Kaiser expansion northward to the King's Daughter's Home, further destroying the residential fabric of the neighborhood.

Response: The comment is noted. As discussed in the response to Comments 136 *et. al.*, above, Kaiser currently has no plans to develop the properties under its ownership on 38th Street and Cerrito Avenue, thereby making an entrance at the MOB from 38th Street/Cerrito Avenue unnecessary.

2. URBAN DESIGN, VISUAL QUALITY, AND SHADOWS (DEIR Section IV.B)

Comment 12: The open space along Howe Street should be placed at the upper end rather than the middle of the proposed building.

Response: As shown in Figure 2, page 28 of the DEIR, a landscaped buffer would be provided between the proposed MOB and the existing apartment building adjacent to the north. The open space plaza proposed for the Howe Street frontage of the building was intended by the project architects to provide pedestrian scale at the main building entrance. Relocation of the open space along Howe Street could result in certain environmental impacts in addition to those of the proposed project (see response to Comment 252 in Section IV.E of this document).

Comments 21 and 229: Greater setback should be provided next to the existing apartment building on Howe Street to mitigate the project's massiveness.

Response: A setback and landscaped buffer are proposed with the project for between the proposed MOB and the adjacent apartment building as well as along other perimeter lines. Additional depth of setbacks along property lines and at the third floor level are described under mitigation measures on page 85 of the DEIR, in order to reduce the new structures appearance of bulk and reduce the extent of new shadow cast by the project. Increasing setbacks more than currently proposed would require building redesign; the City Planning Commission may, at its discretion, require implementation of the mitigation measures identified in the DEIR as a condition of project approval.

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Comment 41: The proposed landscaping is attractive and should mitigate the loss of the existing trees and general visual impacts. All proposed plantings should be required as part of the project.

Response: The comment is noted. All plantings proposed for landscaping around the perimeter of the building are proposed as a permanent part of the project.

Comment 42: The proposed plaza on Cerrito Avenue would create a necessary buffer and should be required as part of the project.

Response: The comment is noted. As discussed in the DEIR, the plaza is proposed as part of the project.

Comments 53, 57, 70, 94, 124, 139, 149, 164, and 303: The proposed building is too massive, unattractively designed, and out of scale with existing structures in the neighborhood. The discussion of mitigation is inadequate in the DEIR, and additional reasonable mitigation measures have not been evaluated. The mitigation measures in the DEIR will not mitigate impacts to less than significant levels.

Response: The relationship between the proposed project and the existing neighborhood character is discussed in detail on pages 72-79 of the DEIR. The DEIR states that the size and shape of the proposed MOB would contrast with adjacent residential buildings. As stated in the third paragraph on DEIR page 73, the proposed building would be about double the height of existing adjacent residential buildings. At the same time, the proposed building would not be out of character, in terms of building envelope height and bulk, with all existing adjacent development in the neighborhood. It would be comparable in size to the existing parking structure across Howe Street, and would be smaller than the existing thirteen-story main Medical Center building, as illustrated in Figures 15 and 16, pages 76 and 77 of the DEIR. The comment that the building is unattractively designed is the opinion of the commenter, and would not be an appropriate topic for response in this document. The City Planning Commission will review the proposed exterior design during the design review period of the project approval process, and at that time may request design modifications or may require redesign.

As discussed on page 74 of the DEIR, building design would incorporate several mitigation features intended to reduce the appearance of bulk. These include

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landscaping, plantings, and open areas intended by the project architects to enhance the buildings pedestrian scale, exterior setbacks and stepped levels to physically reduce mass, and various window sizes and designs to give the illusion of a few adjacent smaller buildings instead of one large structure. The use of light colored building material for facades also is proposed. The project sponsor has proposed the project in order to meet the Hospitals' existing and projected space needs, as discussed in the DEIR. Development of a building with less interior floor area, or with less usable floor area per level, would not meet these objectives of the sponsor (see also comments and responses in Section IV.E of this document).

The proposed projects' impacts regarding urban design and visual quality in the site vicinity may be considered to be significant in the opinion of the comments; however, even without implementation of the mitigation measures identified in the DEIR, the project would not have significant adverse effects related to urban design under CEQA Guidelines. CEQA Section 15002(g) defines what may be considered to be a significant effect: "A significant effect on the environment is defined as a substantial adverse change in the physical conditions which exist in the area affected by the proposed project..."

While the project would be substantially taller and bulkier than most adjacent residential development, it would be shorter and less bulky compared to adjacent medical buildings such as the existing Hospital Tower and parking garages on Howe Street. Therefore, the size of the proposed project is not a significant impact under CEQA.

Comments 56, 66, 124, 224 and 309: The proposed MOB would block the light to neighboring residences.

Response: The comment is acknowledged. DEIR page 83 stated that the proposed MOB would add new shadow to the site vicinity, including the side, front and back yards of adjacent residential development, and would add new shadow to the southwestward-facing wall of the adjacent apartment building to the north. As shown in DEIR Figures 18-20, these new shadows would be most pronounced during winter months, as are the effects of existing shadows cast by development in the site vicinity. The DEIR identifies, on page 85, mitigation measures which could if implemented reduce the new structures' appearance of bulk and reduce the extent of new shadow cast by the project. As stated in the DEIR, both measures would involve alteration in

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the design of the building. On page 214, the DEIR states that the addition of new shadow resulting from the proposed project would be an irreversible impact.

Comments 223 and 301: The comparison of building height between the new MOB and adjacent residential buildings is misleading in the DEIR, in that it compares the number of stories. A more meaningful comparison is the overall heights, with the MOB at 50 to 63 feet in height the equivalent of six residential stories. The total height of the MOB is at least twice that of surrounding residences; however, because the residences have pitched roofs, the disparity is even greater.

Response: As illustrated on Figures 3 and 4 on DEIR pages 29 and 30, the building would be about 52 feet tall, from ground level to the top of the fourth floor above ground, at the northeastern end of the building. Thus, the floor-to-floor height at the Cerrito Avenue/38th Street frontage would be about 13 feet per floor. As stated in the first sentence of the third paragraph on DEIR page 73, the proposed building would be about double the height of existing adjacent residential buildings. Older development in the vicinity often has pitched roof design; however, the adjacent apartment building on Howe Street uses a flat roof design. As discussed in the DEIR, the project would provide a sharp visual contrast to existing adjacent development, more as a result of the length of building street facades than due to overall building height.

Comments 225 and 302: The Howe Street facade makes no attempt to acknowledge the scale and rhythm of the residential neighborhood immediately to the north, and is therefore not a transitional building between the residences and the institutional buildings to the south.

Response: The comment is noted. As discussed on DEIR page 73, the east wall of the medical building (fronting Howe Street) would extend about 270 feet in length along the Howe Street property line. However, the east wall would also be divided into two separate sections by setback from Howe Street of up to 54 feet. The building facade would, even with the setback, present a sharp visual contrast to adjacent residence facades, as discussed on pages 73-74.

Comment 226: An independent investigation of potential light loss for residents of the building adjacent to the north of the MOB reveals that the residential units will be in the new buildings shadow by noon in late December.

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Response: The comment is noted. Figure 18 on page 80 of the DEIR illustrates the extent of new shadow cast by the project on December 21st; as illustrated, the project would cast new shadow on the southward-facing wall of the adjacent residential building continuously from noon to 3:00 p.m.

Comment 227: The DEIR does not address the effects of reflected light from the proposed structure, and any concurrent warming effects of the reflected light.

Response: As stated in the DEIR (page 84), the building exterior surfaces could, as a mitigation measure identified in the DEIR, be coated with a non-glaring hue that would be light-colored but not pure white. At the time of printing of the DEIR, specific exterior finish colors had not been proposed by Kaiser. This measure is now proposed as part of the project (see Section IV.F of this document). The building would therefore not have bright reflective properties, nor would it use mirror-like finishes to reflect light or heat. It is not known how much of a warming effect reflected light could have on the neighborhood, but because reflected surfaces would not be used in exterior finishes, this would not likely be an adverse impact of the project.

Comment 228: The DEIR does not address potential impacts of wind funneling along Howe Street due to the proposed structure.

Response: The comment is noted. As a result of the Initial Study on the project, the issue of wind patterns was not considered to be potentially significant and was therefore not analyzed in the DEIR. Without full testing of the building in wind tunnel simulation, the actual effects of the project design in relation to prevailing wind patterns cannot be determined. However, ground level winds can be significantly affected when a new building, or group of buildings, diverts a portion of upper-level winds down the face of the building until that flow, unless previously deflected, reaches pedestrian level.

In an urban setting such as the project site, winds at pedestrian level are normally about one-half the speed of winds that flow at 50 to 70 feet above ground elevation. Winds can be accelerated by as much as fifty percent around a building of comparable height that is placed in the path of the natural wind flow. Winds at ground level can be increased both by the acceleration around a building, and by higher wind speeds that

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are redirected down the face of the building. Existing development surrounding the site ranges in height generally between two and seven stories above ground level; the proposed project would introduce a building that would not exceed the height of general development in the surrounding area. Buildings of about six stories in height do not generally have substantial impact on the wind environment at street level, although minimal increases in some locations (particularly along the Howe Street frontage) could be expected. Landscaping with leafy trees, particularly non-deciduous species, would help break up ground level winds.

Comment 232: Certain design mitigations were not considered, which would break up the northern block of the building frontage on Howe Street into recessed and protruding building elements to echo the facades of adjacent single-family residences.

Response: The comment is noted. Insert the following as a new mitigation measure identified in the report, as the third bulleted item on DEIR page 85:

- Indent the exterior wall of the Howe Street facade, north of the building entrance setback area, at regular intervals of about 25 feet to reduce the structures appearance of length along the block.

Comment 262: The DEIR does not address increased generation of litter and debris during construction.

Response: Some litter and debris generation would be unavoidable at the construction site. This temporary impact can be mitigated by periodic site cleanup. The project contractor would make every reasonable effort to keep the construction area clean in order to minimize disturbances to construction crews, as well as to residents, employees, and visitors of the surrounding area. Litter or debris generated by construction activities would be a temporary condition and would cease when construction was completed.

Comment 275: The DEIR does not address landscaping with native plants, as is called for in the Comprehensive Plan.

Response: The comment is acknowledged. The scope of the DEIR analysis did not include analysis of proposed landscaping plant species, as would be included in an analysis of vegetation impacts, because the Initial Study prepared for the project found

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that such issues were not potentially significant, and thus there was no need to include an analysis in the EIR (see also response to Comments 95 and 261 in Section IV.A of this document). It would be within the purview of the Oakland City Planning Commission to require drought-resistant native plant species to be used in open area landscaping, as a discretionary action related to the design review and approval process concerning the project.

3. **TRANSPORTATION, CIRCULATION, AND PARKING (DEIR Section IV.D)**

Comments 2, 17, 51, 71, 75, 81, 124, 141, 151, 161 and 297: Parking must be provided in the new building. Kaiser should provide 125 spaces or 475 spaces of free parking on-site.

Response: Insert the following as new alternatives to the proposed project, beginning on page 242 of the Draft EIR, at the end of DEIR Section XI Alternatives.

G. OFF-STREET PARKING ON PROJECT SITE

This alternative would consist of a Medical Office Building containing about 92,500 net square feet of building space for physician offices, private consultation, pharmacy and support areas as under the proposed project. Two levels of off-street parking, containing a total of about 150 parking spaces (approximately 75 spaces on each level), would be provided on-site on levels below the medical office and related building space.

Environmental effects of this alternative variant would, on balance, be greater than those of the proposed project. This alternative would result in a continuation of the northeastward expansion of medical land uses into an historically residential neighborhood, as would the proposed project. Removal of three residential structures, containing a total of six units, would be required for this alternative as would be required for the project. This alternative would require a Comprehensive Plan Amendment from the current High Density Residential to an Institutional or Government, Medical designation as would the project. The alternative would require (as would the project) a zone change of a portion of the site to an S-1 (Medical Center) Zone.

The removal of three existing residential structures, under this alternative and under the proposed project, would result in the same potentially adverse effect on the architectural integrity of the neighborhood in future consideration of the area as a designated City Historical District. The architectural design of this alternative would be in contrast with the architectural design of existing adjacent structures, as would the project design. Operation of this alternative would generate essentially the same number of daily vehicle trips as would operation of the proposed project. If the lease of 150 parking spaces at the MacArthur/Broadway Center was not renewed in 1996, the 150 spaces of this alternative would be

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replacement spaces, and would have a redistributive effect on traffic flow in the area. Vehicle trips generated by operation of the existing Medical Center and the proposed Medical Office Building that terminate at the M/B Center garage off Piedmont Avenue and Broadway south of MacArthur Boulevard would travel north on Howe Street (and Broadway to 38th Street for Alternative G2) to access the 150 space garage. This alternative would result in the same effects as would the project regarding operational air quality, specifically carbon monoxide emissions exceeding the BAAQMD significance threshold and contributing to cumulative violations of federal and state standards at the MacArthur Boulevard intersections with Broadway, Piedmont Avenue and Howe Street. Operation of this alternative would also result in essentially the same effect on ambient noise levels, resulting from vehicle trips and on-site mechanical equipment operation, as would the project. Operation of this alternative would bring the same number of patients, employees and visitors into the building as would operation of the proposed project, thereby resulting in the same potential effects on personal safety resulting from seismic activity. This alternative's operation would include on-site operation of vehicles within the garage levels, which operation of the proposed project would not include, therefore operation of this alternative would generate a greater quantity of potential pollutants generated by vehicle operation in the garage levels entering the stormwater drainage system. Operation of this alternative, and operation of the proposed project, would likely result in the same effects regarding calls for Police Department and Fire Department services, demand for domestic water supply, generation of wastewater and non-hazardous solid waste, and consumption of energy resources (for building operation and vehicle trips). Two additional levels of construction with this alternative would result in greater construction energy consumption than with the proposed project. Operation of this alternative would result in the same quantities and composition of infectious waste generated, and hazardous materials used, at the site as would operation of the proposed project. This alternative and the proposed project would include the same extent of on-site use of imaging equipment which generates magnetic fields, including the Magnetic Resonance Imager. Therefore, potential risks regarding public health and safety (for employees and adjacent residents) would be essentially the same under this alternative as with the proposed project.

G1. PARKING LEVELS BELOW GRADE

This alternative variant would consist of two parking levels below the proposed basement level of the medical uses area; this arrangement would be necessitated by the Magnetic Resonance Imager, Ultrasound and Catscan equipment situated within the basement level in response to requirements for shielding of operational radiation emissions and tunnel connection to the existing Hospital tower. The entrance and exits for the two parking levels would be at the site frontage on Howe Street. The above-grade building envelope of this alternative variant would be identical to that of the proposed project. This alternative variant would require excavation to a depth of about 30 feet below ground level at the Howe Street site boundary. Pile driving for foundation supports would also be required.

This alternative would result in certain impacts of greater magnitude than those of the proposed project. Subsurface parking levels would require excavation to ground water levels, requiring dewatering at the site during construction and likely throughout the lifetime of the project. Construction-generated noise would be

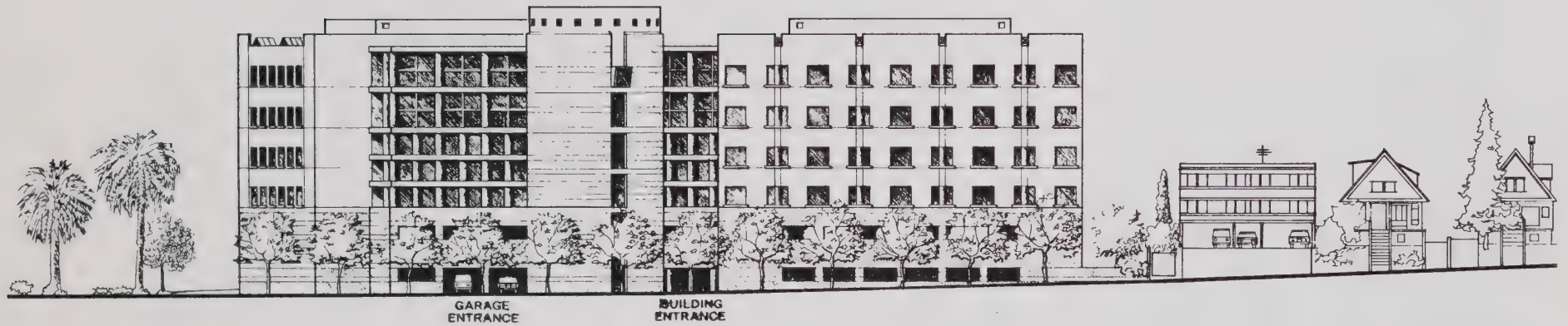
greater under this alternative, because pile driving would be required for building foundations under this alternative. Operational noise effects of this alternative would also be greater, because noise generated by dewatering pumps at the site and by ventilation equipment for the subsurface parking levels would increase noise generated by operation of this alternative variant compared to that generated by project operation. Construction air quality effects would be greater under this alternative, as a result of suspended particulate release resulting from subsurface excavation.

The project sponsors have rejected this alternative variant because construction costs would total about \$195 per gross square foot of building area, compared to construction costs of about \$140 per square foot with the project building; the higher alternative variant costs would be incurred by developing full radiation shielding around the MRI unit (including floor support), and the required subsurface pilings and foundation support. Kaiser considers a maximum new building cost of \$140 per square foot to be the maximum expenditure for cost-effective building./1/

G2 PARKING LEVELS ABOVE GRADE

This alternative variant would consist of two parking levels above grade, above the proposed basement level of medical use (see Figure A). The entrance and exit of the first parking level above grade would be from Howe Street, and the entrance and exit of the second level above grade would be from the site frontage at 38th Street and Cerrito Avenue. The basement level containing medical uses would be necessitated by the Magnetic Resonance Imager, Ultrasound and Catscan equipment requirements for shielding of operational radiation emissions and tunnel connection to the existing Hospital tower. The entrance and exits would be separated for the two parking levels because internal ramps would not allow provision of up to 75 spaces per floor. This alternative variant would be about 30 feet taller above ground than would the proposed project. Pile driving would be required for construction.

This alternative variant would result in certain impacts of greater magnitude than those of the project. This alternative would be substantially more visible in short-range views toward the site, and would be of greater relative height compared to existing residential structures adjacent to the north and east of the site, than would the proposed project structure. Because of the greater building height of this alternative variant, new shadow cast by this alternative building would shade more of the area of residential yards to be subject to new shadow as a result of the proposed project, and would add new shadow to yards of residences that would not be shaded by the project. Construction-generated noise effects of this alternative variant would be greater than those of the project, because of pile driving required for this alternative structure. Operation of this alternative variant would be expected to increase vehicle trips on 38th Avenue and Cerrito Avenue (estimated at less than 100 inbound or outbound trips during any one peak hour, split between the two streets), compared to operation of the proposed project. Operational noise and air quality effects in the immediate site vicinity could also be greater under this alternative variant, resulting from the operation of vehicles within the on-site parking levels.



Kaiser Oakland Medical Office Building

SOURCE: Kaiser Permanente

FIGURE A
ALTERNATIVE G-2
HOWE STREET ELEVATION

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The project sponsors have rejected this alternative because, in the opinion of the sponsors, this alternative variant would result in substantial impacts on the neighborhood that would not be balanced by the potential benefits of providing parking on-site, and because of the inherent inefficiencies potentially resulting from all medical activities to be located above the parking levels and thereby only accessible to patients by elevators from the Howe Street entrance and/or from the tunnel to the main Hospital tower.

NOTE:

/1/ Joyce Berger, Assistant Administrator, Kaiser Permanente Medical Care Program, telephone conversation, December 18, 1990.

Alternative G would involve 150 on-site, below grade garage spaces constructed as part of the new medical office building, accessed from Howe Street. This would provide substitute parking for approximately 75 percent of the 198 spaces that are now available to Kaiser through a lease arrangement with the MacArthur/Broadway (M/B) Center, which is now set to expire in 1996. At this time, there is no reason to expect that the M/B Center would not renew the lease in 1996.

The impact of these additional 150 spaces depends on whether the spaces are viewed as "replacement" parking for the spaces in the M/B Center or as net additional parking supply for the project. If the lease is not renewed in 1996 and the 150 spaces were replacement spaces, they would have a redistributive effect on traffic flow in the area. Vehicle trips that would now terminate at the M/B Center garage off Piedmont Avenue and Broadway south of W. MacArthur Boulevard would travel north on Howe Street (and Broadway to 38th Street for Alternative G2) to access the 150 space garage. Alternative G2 would be expected to increase trips on 38th Avenue and Cerrito Avenue (estimated at less than 100 inbound or outbound trips during any one peak hour, split between the two streets).

If the 150 spaces are viewed in addition to all other known parking in the area, they would make on-street parking more available in the immediate area, but would also tend to draw Kaiser patrons from the Patient/Visitor garage, assuming an equal pricing structure. Even though there is a more pressing need for employee parking at Kaiser, medical centers should designate their close-in parking for patients and visitors, leaving their distant parking for their more mobile employees. Thus, if a new 150 space patient/visitor garage were constructed as part of the project, it is likely that the

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potential future employee space deficit would be handled through an even greater crossover to the patient/visitor garage.

If the 150 on-site spaces resulted in any net increase in parking for employees, Alternative G would reduce the trip reduction potential of any TSM Plan.

Comments 2, 27, 28, 36, 43, 49, 52, 64, 69, 88, 99, 103, 127, 140, 151, 157, 161, and 296: There is already inadequate parking in the neighborhood. The comings and goings of Kaiser employees, patients, and visitors make parking difficult, not only for persons coming to Kaiser, but for local residents as well. The existing situation is unsatisfactory, and the proposed project would make parking even more difficult. The DEIR underestimated the parking demand from the MOB project. Proposed measures to mitigate parking were inadequate, and additional measures are recommended such as free off-street parking for Kaiser visitors, and stringent time limits on curbside parking.

Response: The concern expressed regarding the existing parking situation in the study area is noted. The DEIR presents a section on mitigation measures aimed at addressing the existing parking conditions in the area (paragraphs 1, 2, 4, 5 and 6 on page 143). These mitigations call for increased enforcement of existing on-street parking controls, parking information mailed with all appointment confirmations, reconfiguration of the Howe Street southbound approach to W. MacArthur Boulevard to ease garage exiting, and parking pricing/signage aimed at increasing garage occupancy to 95 percent.

With respect to the proposed project making parking more difficult than the existing situation, all the parking analysis performed has been based on the assumption that there would be no change in the existing usage of on-street parking and off-street general public parking facilities both by Kaiser employees and patients/visitors. Mitigation measures identified for both 1992 and 2002 future scenarios also have this assumption as a basic premise.

In 1992, the project would generate 239 vehicle trips in each of the A.M. and P.M. peak hours, with 179 of these trips being inbound in the A.M. peak hour and 179 being outbound in the P.M. peak hour. The trip generation rates are based on national standards (which often implies suburban areas with poor transit service). The worst possible peak hour rates for medical facilities (a combination of the medical office rate

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and the clinic rate) was applied in the DEIR. Since the DEIR based its transportation analysis on the change in employment throughout the medical center, a combination rate with the much lower hospital rate--one quarter to one third the rate applied--could arguably have been applied.

Because the proposed MOB is proposed as an integral part of the existing Kaiser Medical Center, the projection of its parking demand is not treated separately from that of the entire Medical Center. The parking demand associated with the proposed project is derived from the difference between two possible states of the Kaiser Medical Center: a) Future condition with the proposed MOB and b) Existing condition without the MOB. The "true parking demand of the proposed project" is determined from the overall operation of the entire Kaiser Medical Center and not from the independent operation of the proposed MOB.

The inclusion of the parking spaces at the MacArthur/Broadway (M/B) Center in the calculation of project parking demand is legitimate. The estimated use of M/B parking facilities by Kaiser patients/visitors is based on actual interviews of Kaiser patients and visitors. With respect to the assumption on the adequacy or use of existing Kaiser-supplied parking facilities for the proposed MOB, the projection of project parking demand is presented in the DEIR for two possible scenarios: a) Existing use/occupancy if parking facilities remain at the same level of demand into the future, and b) Future occupancy assuming facilities can be occupied up to 95 percent of their total spaces (typical maximum occupancy of parking lots when considered full).

The projected parking demand for the first scenario is based on the difference between the future projected parking demand for the entire Kaiser Medical Center with the MOB in place and the existing parking demand for the Medical Center. If the occupancy of existing Kaiser-supplied parking facilities remained at current levels and efforts to increase occupancy were not successful, then Kaiser would need to provide an additional 107 off-street parking spaces, 95 for employees and 12 for patients and visitors, in immediate proximity to the Kaiser Medical Center (as stated on page 146 of the DEIR).

However, since parking surveys of the existing Kaiser off-street parking facilities indicated that the total supply of Kaiser off-street parking is only 86 percent occupied

(employee parking occupancy at 90 percent and patient/visitor parking occupancy at 80 percent), it is reasonable for Kaiser to maximize the use of its existing facilities to alleviate perceived parking problems in the area and use these facilities to address future parking demand generated by its own growth. This is the premise of the second scenario. As stated on p. 143 of the DEIR, measures proposed to mitigate existing parking deficiencies include developing procedures to increase the parking occupancy of Kaiser off-street parking garages and lots. These measures could be required as conditions of project approval.

With regard to project impacts, mitigation measures include the monitoring of the occupancy of Kaiser-supplied off-street parking facilities. If occupancy of Kaiser off-street parking garages and lots is raised to the 95 percent target for both employees and patients/visitors and if it is assumed (as a worst case scenario) that future demand for on-street parking and public off-street parking by Kaiser employees and patients/visitors remains the same as existing usage, the projected parking surplus/deficit resulting from the addition of the proposed MOB to the Kaiser Medical Center was estimated to be a deficit of 52 spaces for employees and a surplus of 69 spaces for patients/visitors. Without adding new parking spaces, Kaiser can redistribute use of its existing parking facilities and take the patients/visitors parking surplus to address the employee parking deficit (page 146 of the DEIR). This redistribution of parking facilities would not impact the number of Kaiser employees and patients/visitors parking on-street provided the use of Kaiser off-street parking facilities is maximized and the 95 percent occupancy level is realized.

The estimate of project parking demand for the 2002 scenario is based on the same logic and analysis used for the Exiting + Project (1992) scenario. The projection for 2002 relies on two critical issues that would ultimately determine how many parking spaces should be provided. These are: 1) Whether the future occupancy of existing Kaiser off-street parking facilities remains at current level or can be raised to a desired 95 percent, and 2) Whether leases for spaces at the MacArthur/Broadway Center are renewed beyond 1996 and continue to serve Kaiser users into the future. The different combinations of these prospects yield four possible future scenarios.

Year 2002 Parking Scenario #1. The first possible scenario for 2002 assumes that occupancy of Kaiser-supplied off-street parking facilities remains at the current level

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because no measures have been applied to increase the occupancy or such measures have failed and that Kaiser parking leases at the MacArthur/Broadway garage and roof are renewed and expected to be part of Kaiser off-street parking supply in 2002. The increase in parking demand expected between 1990 and 2002 is 263 stalls, with 184 stalls for employees and 79 stalls for patients and visitors (see also Section II of this document). Thus, for this scenario, a total of 263 parking spaces have to be provided by Kaiser so as not to affect current level of usage of on-street parking and public off-street parking facilities.

Year 2002 Parking Scenario #2. The second future scenario envisioned for 2002 is the case where Kaiser is successful in increasing the occupancy of its current off-street parking facilities to 95 percent for both employees and patients/visitors and parking leases for the MacArthur/Broadway garage and roof are renewed and expected to remain part of the Kaiser pool of off-street parking facilities. For this scenario, there would be a deficit of 141 stalls for Kaiser employees and a surplus of two stalls for patients/visitors. To ensure that the number of Kaiser employees who park on-street and in public off-street parking lots is not increased from current level, 141 additional stalls would be needed to satisfy employee parking demand generated by the proposed MOB. No additional stalls would be required to satisfy patient/visitor parking demand generated by the MOB, as stated on DEIR pages 137 and 139.

Year 2002 Parking Scenario #3. The third scenario projected for 2002 is the case where Kaiser is successful in increasing the occupancy of its current off-street parking facilities to 95 percent perhaps as result of mitigation measures addressing project impacts projected for 1992 and parking leases for MacArthur/Broadway garage and roof are not renewed beyond 1996, discussed on pages 138 and 140 of the DEIR. The parking deficit for Kaiser employees resulting from the proposed MOB is estimated to be 141 spaces and the parking surplus for Kaiser patients/visitors is estimated to be 2 spaces. The total parking deficit for Kaiser employees would then be 339 (198 + 141). To ensure that current level of usage of on-street parking and public off-street parking is not impacted adversely, Kaiser would need to provide 339 new parking spaces for its employees as a result of the addition of the proposed MOB to Kaiser Medical Center.

Year 2002 Parking Scenario #4. The fourth scenario addresses the situation where the occupancy of Kaiser-supplied off-street parking facilities remains at current level for the same reasons previously cited and the MacArthur/Broadway parking leases are not renewed and consequently removed for the total parking supply offered by Kaiser. This is the worst scenario possible for the parking in the study area. The projected parking demand from Kaiser employees resulting from the addition of the proposed MOB (184 spaces) and the loss of the MacArthur/Broadway parking (198) would be a total 382 parking spaces. The projected parking demand from Kaiser patients/visitors resulting from the proposed MOB would be 79 spaces. Therefore, in order not to impact current level of usage of on-street parking and public off-street parking in the study area, it would be necessary for Kaiser to provide 382 parking spaces for its employees and 79 spaces for its patients/visitors for a total of 461 (not 466) new parking spaces (stated in the DEIR on page 147).

The comment on the inadequacy of the proposed measures to mitigate parking is noted. Measures to address the parking issues are already addressed in the MITIGATION section of the DEIR. Providing free off-street parking for Kaiser patients/visitors is a variation of the reduction of the price of parking in the patient/visitor garage. Strict enforcement of double parking and meter time limits on Howe Street is cited on page 143 of the DEIR. The option for a residential parking permit program is described on page 146 of the DEIR.

Comments 11, 109, 168 and 259: Routing of construction-related traffic is not adequately addressed in the DEIR. Provisions should be made for routing haul routes of construction traffic via MacArthur Boulevard rather than Howe Street. The proposed use of the construction office on 38th Street will result in massive traffic congestion, noise and parking impacts on 38th Street and Cerrito Avenue unless access to the office from those streets is prohibited.

Response: Construction-related vehicles would be routed from I-580 to Howe Street south of the project site via W. MacArthur Boulevard. Construction-related vehicles would not be routed onto 38th Street, Cerrito Avenue or Howe Street north of the project site.

Based on the construction of other projects in Oakland, the 18 month construction phase is likely to regularly employ 35 to 55 construction workers. Assuming 70 percent of the 55-worker maximum drives a vehicle, demand for up to 40 parking

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spaces could be generated. Peak period parking surveys conducted in 1989 showed that in the vicinity of Kaiser Medical Center there were 259 spaces available in off-street lots and garages, 155 spaces available on street and 210 spaces available during peak periods in Kaiser off-street lots and garages, for a total of 624 spaces (as shown on Tables 6 and 7 (pages 110-111) of the DEIR. More than two-thirds of these spaces would be available for all-day parking.

Insert the following as a new mitigation measure identified in the report, immediately following the last bulleted paragraph on DEIR page 146:

- During construction of the proposed project, all project contractors could instruct vendors and construction employees to use, if at all practical I-580 to MacArthur Boulevard to Howe Street, to access and leave the site. The instructions could specifically state that vehicles are not to use Howe Street north of the site, 38th Street or Cerrito Avenue. In certain cases physical orientation of the site and vertical elevations dictate that some construction equipment would have to come to the site via 38th Street and Cerrito Avenue. **Implementing entity: Kaiser Permanente.**
- During construction of the proposed project, all project contractors could instruct vendors and construction employees to park, if at all practical, on the construction site. During construction phases where the site cannot accommodate the vendors and construction employees who need a parking space, the foreman in charge of construction could work with Kaiser staff to identify the most reasonable place to park in order to minimize impact on the adjacent, neighborhood and could inform vendors and construction employees accordingly. **Implementing entity: Kaiser Permanente.**

Comments 15, 28, 48, 59, 67, 73, 74, 78, 119, 177, 295 and 310: Existing traffic in the neighborhood is already overly congested. The bulk of the traffic problems were attributed to persons coming and going to Kaiser and circling the neighborhood looking for on-street parking. The proposed project would add to traffic congestion; existing traffic problems should be addressed before the project is approved. Kaiser should implement measures to make traffic flow more smoothly, such as passenger drop-off zones and improved vehicle access.

Response: As shown in Table 11 (p. 117) of the DEIR, **signalized** intersections in the project vicinity operate at levels of service (LOS) A (characterized by free flow and insignificant delays) through C (characterized by stable operation and acceptable delays). The **unsignalized** intersections in the project vicinity also operate at levels of service A through C (as shown in Table 12, p. 118), except for the intersection of

Broadway/41st Street, where the eastbound and westbound 41st Street approaches operate at LOS E or F. Levels of service E or F in these instances mean that 64 eastbound and 79 westbound vehicles are delayed while waiting to cross Broadway in the A.M. peak hour (slightly more than one vehicle per minute on each approach), and 85 eastbound and 67 westbound vehicles are delayed in the P.M. peak hour (1.1 to 1.5 vehicles per minute per approach). Taken as a whole, existing traffic conditions surrounding the Kaiser Oakland Medical Center, although perceived differently by some area residents, could be termed very good according to traffic engineering standards.

As discussed on pages 88 to 93 of the DEIR, Kaiser visitors and employees use streets in the immediate vicinity of the Medical Center to access the parking garage, drop off persons at the Medical Center and/or find parking in other lots, garages or on the street. Based on the level of service analysis for existing conditions, this activity is not causing any significant deterioration in intersection levels of service.

Existing adverse traffic conditions that require mitigation have been addressed on p. 143 of the DEIR. Most of these mitigations are directed at minimizing unnecessary circulation and motorist confusion. A more efficient pickup and dropoff area is proposed for Howe Street adjacent to the Medical Center that would improve vehicle access. Pedestrian safety would also be enhanced. The proposed project would not decrease levels of service below D at any intersection studied. Existing plus project plus cumulative traffic would decrease the operation of Howe Street/W. MacArthur Boulevard to LOS F. However, mitigations have been identified for that intersection that would improve its operation to LOS D (as illustrated in Figure 8 on page 145 of the DEIR. Existing conditions mitigations for Howe Street/W. MacArthur Boulevard include restriping the southbound Howe Street approach to W. MacArthur Boulevard to provide two left turn lanes and one right turn lane (page 143 of the DEIR), and cumulative condition mitigations include modifying the traffic signal at Howe Street/W. MacArthur Boulevard to provide for a protected eastbound left turn phase from W. MacArthur Boulevard to northbound Howe Street (page 147 of the DEIR).

Comments 19, 29, 50, 55, 152, and 178: A preferential residential permit parking program should be developed and established, at Kaiser's expense, before approval of the proposed MOB.

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Response: The City of Oakland has previously attempted to establish a residential parking permit program in the vicinity of the Kaiser Medical Center, which failed due to lack of a majority of the neighborhood's interest in such a program. Many Bay Area residential neighborhoods seriously impacted by peak commercial parking problems have initiated and instituted residential parking permit programs. The permit parking program would depend on majority participation on each block of the area to be included.

Comments 23 and 89: The comments recommend implementation of a BART shuttle, promotion of transit information, and/or distribution of subsidized transit passes as traffic mitigation measures.

Response: These options are part of the mitigation measure for the project that would require development and implementation of a Transportation System Management (TSM) plan (page 144 of the DEIR) for the Medical Center and the project. The City Planning Commission could require these measures as a condition of project approval.

Comment 30: The DEIR failed to address impacts of the project on traffic operation on Routes 580, 880, 980, and 24.

Response: The peak hour impacts of the proposed project on State Routes 580, 880, 980, and 24 are presented in Tables 2 (for 1992) and 3 (for 2002). The decision not to prepare a separate daily traffic analysis for the DEIR incorporated the following considerations:

- 1) The peak hour analysis is more refined;
- 2) All other impact analysis in the DEIR is presented in the context of a peak hour; and
- 3) The Highway Capacity Manual does not present information on daily freeway capacity, which makes peak hour and average daily level of service comparisons less meaningful.

As would be expected, existing and projected levels of service for the freeways in the study area are generally poor (LOS F), and are not made significantly worse by the proposed project. In 1992, the A.M. and P.M. peak hour impact of the project would be the addition of 76 or fewer peak hour trips on I-580 east of the W. MacArthur Boulevard ramps near the Oakland Avenue/Harrison Street interchange and an additional 48 trips on I-580 west of the W. MacArthur Boulevard/San Pablo Avenue interchange. Thirty five or fewer A.M. and P.M. peak hour trips would impact I-980

south of I-580, diminishing as they continue south onto I-880, and a similar volume (35 or fewer vehicles) would impact SR 24 east of the Broadway/Patton Street interchange. In 2002, for existing plus project plus cumulative traffic, the A.M. and P.M. peak hour impact of the additional Kaiser-related traffic would be 146 or fewer peak hour trips on I-580 east of the W. MacArthur Boulevard ramps near the Oakland Avenue/Harrison Street interchange and an additional 93 trips on I-580 west of the W. MacArthur Boulevard/San Pablo Avenue interchange. Sixty six or fewer A.M. and P.M. peak hour trips would impact I-980 south of I-580, diminishing as they continue south onto I-880, and a similar volume (66 or fewer vehicles) would impact SR 24 east of the Broadway/Patton Street interchange. In all cases, project traffic would make up less than four tenths of one percent of the total peak hour volume of these facilities.

The cumulative projects would have approximately two-thirds of the project's impact on I-580 east of the project (98 or fewer trips), approximately twice the impact of the project on I-580 west of the project (172 or fewer trips), more impact on I-980/I-880 south of the project (534 or fewer trips), and more impact on SR 24 east of the project (213 or fewer trips).

Historical (1984-1989) growth rates were used to project future (1992 and 2002) traffic volumes on the freeways. It is important to note that a volume of 2,000 passenger cars per hour is recognized in the traffic engineering profession as the capacity of one lane of a basic freeway section, under ideal conditions. Table 4 presents a comparison of volumes used in Tables 2 and 3 (Source: Caltrans' 1989 Traffic Volumes on California State Highways) with actual count data reviewed at Caltrans District 4 offices in San Francisco. As shown in Table 4, limited data from the traffic count summaries do not support volumes in excess of 2,000 vehicles per lane, whereas the data in Caltrans' 1989 Traffic Volumes on California State Highways states that volumes exceed the theoretical, accepted lane capacities. Although these data discrepancies are most likely the result of computer factoring techniques and a rather limited State freeway traffic count program, is beyond the scope of this DEIR to collect original data on existing freeway traffic volumes, which would be necessary to resolve these critical differences between Caltrans' reported data.

Nevertheless, both existing and future conditions on the Bay Area freeway's freeway system can be termed adverse. Natural barriers (e.g., the East Bay hills, San Francisco

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Bay, etc.) pose constraints to highway travel. The Caldecott Tunnel (on SR 24), the approaches to the Bay Bridge (I-80, I-580, future I-880) and the Bay Bridge itself (I-80) will continue to be choke points that constrain the ability of freeways in the Oakland area to satisfy regional travel demand. Bay Vision 2020, a consortium assembled to address long range planning issues confronting the Bay Area, has attempted to identify the mechanisms necessary to address our transportation/air quality dilemma. They found that a strong regional focus on planning our future is required, and that Bay Area residents would need to make serious monetary and lifestyle concessions in order to just **maintain** our quality of life. In other states, the genesis of strong regional planning has occurred with the vocal support of a governor, strong interest of high-level state officials and willingness to compromise on the part of local elected officials and their staffs. Until there is regional control of both transportation and land use decisions, court challenges to individual state and local government actions (and governments' response) will continue to define the incremental changes to our infrastructure.

Even though improvement programs to state facilities have been defined through 1997, it is unlikely that there will be significant changes to the existing highway and rail infrastructure in the Oakland-Berkeley area by 2002. Thus, proper management of these facilities is the only reasonably available tool by which our ability to travel can be maintained. The addition of freeway facilities to the impact analysis would require the following mitigations to be added, inserted immediately following the third paragraph (bulleted) on DEIR page 147:

Cumulative Impacts

Identified in This Report:

- Increase the frequency of BART service within the East Bay, and between the East Bay and San Francisco. **Implementing agency: BART.**
- Continue to work to implement BART's East Bay service extensions to West Pittsburg, Dublin/Pleasanton and Warm Springs as part of the Metropolitan Transportation Commission's Rail Extension Program. **Implementing agencies: BART and MTC.**
- Continue to work to implement AC Transit's Comprehensive Service Plan to provide a more efficient structure of bus routes and service. Increase AC Transit service to BART stations in the East Bay to increase BART patronage and reduce use of vehicles to access BART stations, both by reducing headways on existing routes and adding new routes to serve both residential and employment centers. **Implementing agency: AC Transit.**

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- Work to implement the Regional Transportation Control Measure (TCM) Plan. **Implementing entities: MTC, Transit Operators, Caltrans, Bay Area Air Quality Management District, Local Governments, Kaiser Permanente and others.**
- Designate one lane in each direction on all feasible segments of I-80, I-580, I-880, I-980 and SR 24 as a High Occupancy Vehicle (HOV) lane. Sign the HOV lanes to accommodate any vehicle carrying three or more persons. **Implementing agency: Caltrans.**
- Install ramp meters and variable message signs on I-80, I-580, I-880, I-980 and SR 24 in an effort to maintain flow on these facilities. **Implementing agency: Caltrans.**
- Monitor freeway ramp intersection operations, and, as necessary, coordinate/re-time traffic signals at all freeway ramp intersections. **Implementing agencies: Local governments.**

Comments 31 and 33: The DEIR setting described the traffic configuration prior to the October 17, 1989 earthquake. The DEIR setting did not consider the changes on Routes 580, 980, and 24 due to traffic displaced from the cypress structure portion of Route 880. Existing traffic volumes for freeway ramps should also reflect post-earthquake conditions.

Response: Planning efforts are currently underway by Caltrans and the City of Oakland to develop a replacement for I-880 from I-980 to I-80. The new facility should be designed to serve a similar volume of traffic that the Cypress Structure carried prior to the Loma Prieta earthquake. Since the current traffic impact of the displaced traffic is temporary in nature, it would be inappropriate to plan transportation facilities in other areas of Oakland as if the missing I-880 link were a permanent situation.

Furthermore, few time series traffic volume data are available that would be useful in constructing a post earthquake analysis. To provide any useful information on the net change in freeway traffic volumes due to the 1989 earthquake, pre-October 17 traffic volumes taken at the same location, on Tuesdays through Thursdays, in the same month for both 1989 and 1990 would be necessary. A thorough review of Caltrans District 4's count library revealed that the following hourly mainline freeway counts are available:

SR 24 Eastbound

East of I-580 On Ramp 5/26/88, 6/1/88, 6/2/88, 6/3/88

At Caldecott Tunnel 9/5/89, 9/6/89, 9/7/89 and 5/15/90, 5/16/90, 5/17/90. Other dates are also available.

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SR 24 Westbound

At Caldecott Tunnel 9/5/89, 9/6/89, 9/7/89 and 3/27/90, 3/28/90, 3/29/90. Other dates are also available

I-580 Eastbound

East of Buchanan Street Off Ramp 7/31/90, 8/1/90, 8/2/90

West of 35th Avenue Off Ramp 5/31/88, 6/1/88, 6/2/88

I-580 Westbound

West of Buchanan Street On Ramp 7/31/90, 8/1/90, 8/2/90

West of Edwards Avenue On Ramp 7/31/90, 8/1/90, 8/2/90

I-880

No mainline data for segments listed in Tables 2 and 3.

I-980 Eastbound and Westbound

East of 18th Street 4/18/89, 4/19/89, 4/20/89 and 3/13/90, 3/14/90, 3/15/90

From these limited data, it would not be credible to generalize the impacts of the Loma Prieta earthquake on traffic volumes of each segment of the freeway system within several miles of the project. In some cases, volumes have increased from 1989 to 1990, while in other cases, volumes have decreased. For example, the Caldecott Tunnel count station on SR 24 exhibited a 235 vehicle increase in its A.M. peak hour volume (from 12,876 vehicles in 1989 to 13,111 vehicles in 1990) and a 823 vehicle decrease in its P.M. peak hour volume (from 12,730 vehicles in 1989 to 11,907 vehicles in 1990). Comparisons for I-580 and I-880 cannot be made due to lack of data or consistent count station locations. Only for I-980 east of 18th Street can a definitive statement be made that traffic volumes have increased (2,590 vehicles during the A.M. peak hour--from 8,858 vehicles in 1989 to 11,448 vehicles in 1990 and 2,773 vehicles during the P.M. peak hour--from 8,090 vehicles in 1989 to 10,863 vehicles in 1990) as a result of the loss of I-880 between I-980 and I-80. No conclusions can be drawn from the other data. For these reasons, a separate "post earthquake" traffic study would not be valid or appropriate.

Comment 32: The EIR should include Average Daily Traffic (ADT), AM and PM peak hour volumes on Routes 24, 580, and 980 for existing conditions, existing plus project, and existing plus project plus cumulative cases.

Response: The impacts of the proposed project on State Routes 580, 880, 980, and 24 are presented for 1992 and for 2002 in Appendix A of this document. This analysis is limited to the A.M. and P.M. peak hours in order to be consistent with information presented in the remainder the impact analysis.

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Comment 34: The combination of trip rates used to derive the trip generation volumes should be provided.

Response: The "combination of trip rates" referenced on page 119 is an average of the P.M. peak hour medical clinic rate of 1.115 trips per employee and the P.M. peak hour medical office building rate of 1.143 trips per employee. This hybrid rate was used for the A.M. peak hour as well, even though the Institute of Transportation Engineers Trip Generation indicates that the A.M. peak hour trip generation rate for medical offices is lower in order to portray a conservative, worst case impact analysis.

Comment 35: All proposed mitigation should include discussion of financing, scheduling, implementation responsibilities, and monitoring responsibilities.

Response: Please see response to comments 20 etc. in Section IV.D. of this document.

Comment 65: Photos of local streets presented in the DEIR do not reflect street congestion during peak commute hours.

Response: Figures 10-13 were not intended to illustrate peak hour traffic conditions. They were presented to show the urban design context of the proposed project. The photos in Figure B-F of this document were taken during the P.M. peak hour (between 4:00 P.M. and 6:00 P.M.) on a Tuesday, Wednesday or Thursday in April 1989.

Comments 72, 211 and 212: The DEIR ignores or casually dismisses possible mitigation measures to reduce traffic impacts; the comments suggest considering reduced building size, on-site parking, and an off-street passenger loading zone.

Response: Comment on the casual dismissal of "possible mitigation measures to reduce traffic impacts" is noted. The DEIR addresses impacts of the project, and also provides separate sections for mitigation measures that address existing deficiencies and projected cumulative development impacts. A comparison of the impacts of reducing building size alternative to the proposed project is presented in Section XI (Alternatives) of the DEIR.

On-site parking was determined through an extensive parking analysis not to be necessary for project completion in 1992. In 1992, the project would result in a surplus of 17 spaces, assuming 95 percent occupancy of Kaiser supplied off-street parking and no increase in the number of Kaiser employees, patients and visitors who park on the



Broadway/41st St.

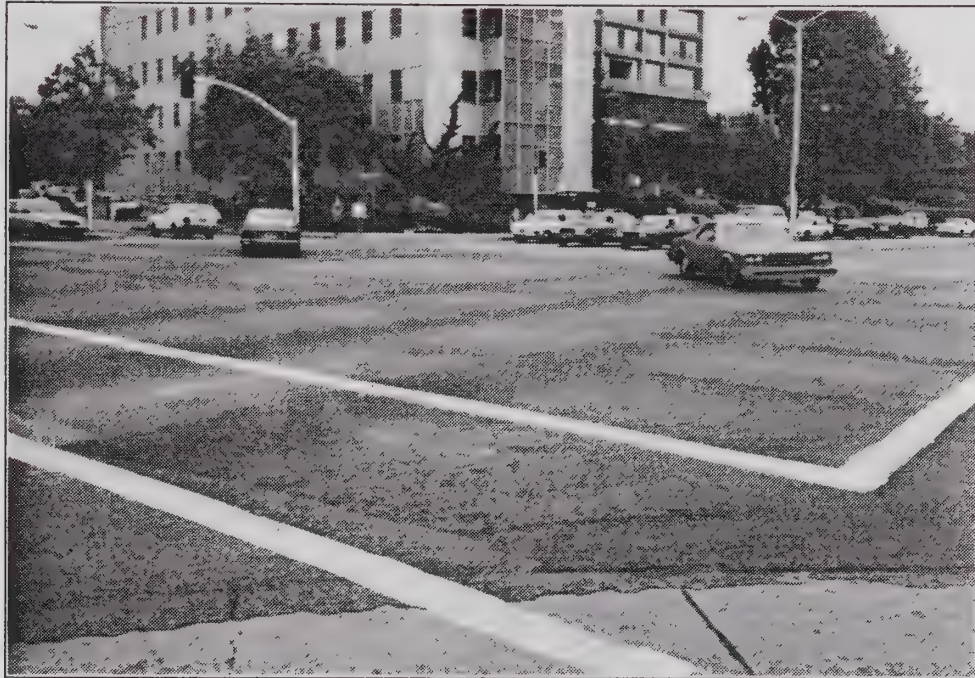


Broadway/40th St./40th St. Way

Kaiser Oakland Medical Office Building

FIGURE B
PHOTOGRAPHS OF P.M. PEAK-HOUR TRAFFIC –
Broadway Intersections

SOURCE: DKS Associates



West MacArthur Blvd./Broadway



West MacArthur Blvd./Howe St.

Kaiser Oakland Medical Office Building

FIGURE C
PHOTOGRAPHS OF P.M. PEAK-HOUR TRAFFIC –
West MacArthur Blvd. Intersections

SOURCE: DKS Associates



Howe St. South of Project Site



Howe St./41st St.

Kaiser Oakland Medical Office Building

FIGURE D
PHOTOGRAPHS OF P.M. PEAK-HOUR TRAFFIC –
Howe Street

SOURCE: DKS Associates



Howe St./40th St./40th St. Way



Howe St./40th St.

Kaiser Oakland Medical Office Building

FIGURE E
PHOTOGRAPHS OF P.M. PEAK-HOUR TRAFFIC –
Howe and 40th Streets Intersections

SOURCE: DKS Associates



Piedmont Ave./West MacArthur Blvd.



Piedmont Ave./40th St.



Piedmont Ave./41st St.

Kaiser Oakland Medical Office Building

FIGURE F
PHOTOGRAPHS OF P.M. PEAK-HOUR TRAFFIC –
Piedmont Avenue Intersections

SOURCE: DKS Associates

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street or in public or private off-street lots and garages (as shown in Table 17 on page 131 of the DEIR). In 2002, further increases in Kaiser employment could potentially result in a deficit of 141 spaces for employees, using the above-mentioned assumptions (DEIR pages 131 and 137). However, employee parking demand of all medical center employees (not just project related employees) could be reduced through a mitigation that calls for a Transportation System Management (TSM) Plan to reduce peak parking demand.

Development of a TSM Plan and not providing additional parking is consistent with the Metropolitan Transportation Commission's Transportation Control Measure (TCM) Plan, which places responsibility on individual employers to reduce vehicle trips. Providing additional parking would tend to increase vehicle trips to the site (and thus neighborhood impacts) consistent with the intersection impact analysis portrayed in the DEIR (Tables 15 and 16 on pages 125 and 126). The implementation of a TSM Plan combined with not providing additional parking could reduce the project's impacts portrayed in the DEIR.

The need for an off-street passenger loading zone is eliminated by the mitigation measure to sign three on-street passenger drop-off and pick-up areas (see DEIR Figure 38 on page 145).

Comment 90: The DEIR did not include traffic and parking studies for the intersection of 38th Street and Cerrito Avenue, where residents of several buildings must rely on off-street parking.

Response: The intersection of 38th Street and Cerrito Avenue was not included among the twelve study intersections selected for evaluation of traffic impacts because neither 38th Street or Cerrito Avenue would be part of a path motorists would take to access the project.

Comment 91: The emergency building exit planned for 38th Street would allow pedestrian traffic directly to the street, even though the DEIR states on page 134 that no access to the project from 38th Street is planned.

Response: As indicated on page 134 of the DEIR, no vehicular or pedestrian access to the project is to be provided from 38th Street or Cerrito Avenue. The proposed MOB's emergency pedestrian exit on 38th Street (which would sound an emergency alarm when opened) is not intended for regular use, and therefore would not provide access

for employees, patients and visitors from 38th Street. Any outflow of people into 38th Street and Cerrito Avenue from the MOB during bonafide emergencies would not constitute a regular, adverse impact on the adjacent neighborhood.

Comments 119, 177: A Transportation Systems Management (TSM) plan should be implemented and the actual results proven for the entire Kaiser Medical Center before the project is approved.

Response: The recommendation for development of a TSM Plan is a project mitigation measure, in compliance with CEQA guidelines regarding mitigation measures, identified in the DEIR to potentially lessen or avoid otherwise significant adverse environmental impacts. TSM Plans have a demonstrated capability of lowering the vehicle trip generation (and thus parking requirements) of a project. Therefore, a mitigation that reduces the impact of a proposed action over time is legally adequate (CEQA Guidelines, Section 15370).

Comments 127 and 147: Existing traffic congestion is not adequately addressed in the DEIR because traffic studies did not cover a large enough area; a larger study would be appropriate.

Response: The study area extends over an area approximately one-half mile by one-half mile and includes intersections where the project would contribute significantly to traffic volumes and thus potentially impact levels of service. The greatest change in demand to capacity ratio attributable to the project at the farthest intersections from the project is 0.04 at Broadway/MacArthur Blvd. during the P.M. peak hour, from 0.75 to 0.79. This clearly does not argue for extending the study area, since project impacts at more distant locations would be even further diluted.

Comments 148 and 314: Existing and future pedestrian volume studies are not adequately addressed in the DEIR because the studies did not cover a large enough area; a larger study area including 38th, 40th, and 41st Streets, Piedmont and Cerrito Avenues, Broadway and 40th Street Way would be appropriate.

Response: The DEIR evaluated locations where there could be a significant impact of the proposed project on pedestrian volumes. At locations farther from the project, pedestrian volumes associated with the project would decline substantially. Existing pedestrian volumes are relatively low north of 41st Street, east of Piedmont Avenue, west of Broadway and south of West MacArthur Boulevard.

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Comment 153: A "No Through Traffic" sign should be posted on 38th Street to discourage people from turning off Broadway to look for parking.

Response: As shown on DEIR Figure 27, except for a few parking meters, most of the on-street parking on 38th Street north of Broadway and Cerrito Avenue is unrestricted and is therefore accessible to all users. If the intent is to discourage non-residents from looking for parking along these local streets, then these streets could be posted as special permit parking only which would require establishing a permit parking program as recommended in the mitigations section of the DEIR (page 146). This is a recommended mitigation for the residential areas surrounding the Kaiser Medical Center. Residents of the area adjacent to the Kaiser Medical Center previously requested that the City establish a permit parking program. On September 29, 1987, the Oakland City Council approved a residential permit parking program for the area, and the 90-day period for resident response began. As of August 1988, one year after the resident response period began, low response to sales of permit stickers in the area indicated that there was not sufficient interest in the permit program to justify its establishment. A "No Through Traffic" sign would be inappropriate since 38th Street and Cerrito Avenue provide a link between Broadway and 40th Street.

Comment 167: The parking needs of construction workers have not been adequately addressed in the DEIR.

Response: The construction workers could park on or adjacent to the project site during much of the construction phase. They may also place an additional burden on the on-street parking in the project vicinity, but this would be a temporary impact. Vehicles that are not necessary to bring materials to the site would be able to obtain parking in the patient/visitor garage or the M/B Center garage.

Comment 184: The DEIR describes no significant impacts with Kaiser's proposal of a projected ten-year deficit of 141 spaces, using a hybrid calculation of demand that is less than any of the three established methodologies mentioned.

Response: The "Project Impacts - Parking" section of the DEIR (pages 130-134) calculates parking demand according to several methodologies:

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- a) Factoring existing parking demand upward based on the projected increase in employment and service area population, taking no credit for any potential parking demand reduction resulting from the TSM Program proposed as a mitigation;
- b) Institute of Transportation Engineers' (ITE) Parking Generation;
- c) City of Oakland Parking Requirements; and
- d) Kaiser Project Standards Manual.

Parking space numbers derived using the first method provide the best approximation of future demand as a worst case scenario. Any future increase in transit services, added congestion on Bay Area roadways, implementation of transportation system management strategies from air quality attainment plans, or Kaiser-implemented TSM strategies would all work to lower the future parking demand.

The second, third and fourth methods are presented solely for comparison purposes. They are not intended to represent demand, as is outlined on DEIR Table 17, footnote /b/ and text on pages 132-134.

Comments 185 and 298: An assumed continued leasing of spaces in the MacArthur/Broadway Center is not feasible under City of Oakland Zoning Code, as the M/B Center parking is over 300 feet from the MOB.

Response: Although the M/B parking facilities are intended for the sole use of its shoppers, Kaiser patients/visitors nonetheless use the facility since Kaiser leases parking spaces there. There are no indications that current parking practices at the M/B Center would be altered. For analysis purposes, the future supply for public off-street parking included the existing usage of M/B parking facilities by Kaiser patients/visitors. This assumes continuation of the lease for 198 stalls (current lease expires in 1996). In order not to impact on street parking, these spaces would need to be supplied off-street in a new Kaiser lot or garage. Kaiser employees, on the other hand, have legal access to the M/B garage and roof by virtue of current leases. They are definitely part of existing off-street parking facilities provided by Kaiser for the use of its employees, and therefore, correctly included in the estimation of the existing usage of Kaiser-supplied employee parking facilities.

Comment 186: The DEIR describes no significant impacts with Kaiser's proposal of increased use of on-street parking, already at 48 percent.

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Response: Kaiser's future use of on-street parking (currently at 48 percent as stated on DEIR page 109) was held constant, at 162 spaces for employees and 152 spaces for patients and visitors, as stated on DEIR Table 17 (page 131).

Comment 187: The DEIR uses only initial and ten-year growth projections made possible by the MOB, instead of the impact of growth over the fifty-year life of the project.

Response: It would be difficult to speculate what the impacts of the proposed MOB would be on the transportation system 50 years from now. This period may span vast changes in technology, changes in the transportation system (State transportation plans extend only 7 years; general plans extend +/- 20 years) and likely changes in personal travel behavior. Therefore, an analysis would be speculative at best, and CEQA does not require analysis of issues that are remote or speculative.

Comment 188: Spaces are available now for those patients and visitors willing to pay the garage fee. There will not even be spaces available for those willing to pay the fee once the MOB is constructed.

Response: To accommodate the increased demand for parking with the project, occupancy of the patient and visitor garage was increased to 95 percent, or "capacity". A deficit in patient and visitor spaces is not projected through 2002, as shown in Table 17 (page 131) of the DEIR. The unmet employee demand could be handled by additional leased spaces in the MacArthur/Broadway Center or by implementation of a TSM Plan, as illustrated in Appendix D of the DEIR. Development of a TSM Plan is an identified mitigation.

Comment 189: The proposed TSM plan is inadequate, and its inevitable failure will result in neighborhood impacts including increasing levels of carbon monoxide pollution and further reducing the availability of on-street parking spaces to neighborhood residents.

Response: The purpose of the recommended TSM Plan is to mitigate of project transportation impacts. Although the Plan has not been developed, conservative estimates of what the Plan could accomplish with regard to parking are shown in Appendix D of the DEIR. The stated intent of the Plan is to **lower** demand for parking and **increase** the percent of Kaiser employees, patients and visitors who take alternate modes of transportation to the Kaiser Medical Center.

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Comment 190: The employee survey was conducted later than the survey conducted for patients and visitors, after the BART shuttle was implemented. The second survey offered an enticement of a raffle drawing for respondents, raising questions of introduced bias.

Response: All transportation surveys were administered in an objective and professional fashion, using accepted survey techniques. The raffle was offered to obtain a high rate of response and it is not anticipated that this caused bias to enter into the survey results. The introductory paragraphs of the survey stated nothing concerning the desired results of the survey responses.

Comment 191: Kaiser employees are routinely observed parking outside the area surveyed for the DEIR. Therefore, the area of impacts is inadequate.

Response: Figure 28 illustrates that existing demand for parking during the midday peak period is under 95% on segments of Broadway immediately west of the project, on Howe Street north of the project, and on Piedmont Avenue east of the site. It is unlikely that Kaiser employees, patients or visitors would travel a further distance than is necessary to obtain an available space. No data is presented in the comment to counter information shown in the DEIR; thus further analysis is not warranted.

Comment 192: The DEIR contains no survey form or supporting data for the third survey of on-street parking.

Response: The third survey was conducted by verbally inquiring of patients and visitors entering the East Entrance of the Hospital and 3772 Howe Street where they parked that day. Their responses were tabulated and incorporated into the DEIR on pages 93 and 107-109. No form was used.

Comment 193: Because of the problems, inconsistencies, and omissions of data from the three surveys, the DEIRs' reported use of on-street parking (314 spaces) by Kaiser must be considered a low-end estimate.

Response: The estimated current peak period use by the Kaiser Medical Center of 314 on-street parking spaces was based on the survey information. For patients and visitors, a second parking survey was conducted to verify the previous parking

information collected in the Patient/Visitor Parking and Transportation Survey, as discussed on DEIR page 93. The 314 spaces is a peak usage of on-street parking, thus most times of the day, the actual number of spaces used by Kaiser would be lower.

Comment 194: The DEIR underestimates parking demand by underestimating trip generation of the MOB. The initial study uses a trip generation factor of 5.9 trips per employee, while the DEIR uses a trip generation factor of 4.42 trips per employee, both citing the same source (ITE). These are assumed to be round trips, meaning that the number of trips is actually doubled.

Response: The estimation of the project parking demand in the DEIR was not based on trip generation resulting from the proposed MOB by itself but rather from the difference between the total projected future parking demand of the entire Kaiser Medical Center with the proposed MOB in place and the existing parking usage of the current Kaiser Medical Center (i.e. without the proposed MOB). The projected future parking demand of the entire Medical Center with the MOB is based on a straight line of the projected increase in Kaiser employment and membership growth in Kaiser medical programs estimated for the years 1992 and 2002.

Thus, the claim that underestimation of the project's parking demand resulted from underestimation of the trips generated by the project is not supported.

Comment 195: The trip generation rate for the MOB has been underestimated in the DEIR. Using information in DEIR Table 18, a factor of 34.17 trips per 1,000 gross square feet of building area, resulting in over 4,200 new vehicle trips per day, which is more than twice the number of trips discussed in the DEIR.

Response: Due to the small increase in employment projected by Kaiser relative to the 123,000 square foot Medical Office Building (MOB), the shifting of employees from the Hospital to the MOB, and the overall reduction in employee density at the Medical Center, a decision was made to base trip generation on "per employee" rates rather than rates based on floor area. The 34.17 daily rate (based on square footage) was applied for the Children's Hospital expansion project EIR since no unique employment characteristics were associated with the expansion. Use of the higher daily number

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would not cause any change in the manner in which project impacts are portrayed in the DEIR, since all analyses are based on peak hour or peak period impacts, not daily impacts.

Comment 196: The analysis of parking in the DEIR is flawed, because it assumes that the parking garages will provide the required 299 off-street spaces.

Response: Off-street parking supply in the vicinity of the project assumed for 1992 and 2002 is illustrated in Table 17 (page 131 of the DEIR). The commentor does not specify what assumptions resulted in their conclusion of a flawed analysis. Therefore, no further response is possible.

Comment 197: The 299 spaces required is an estimate based on projected staffing levels for 1992, rather than projected staffing levels over the lifetime of the project.

Response: It would be remote and speculative to project staffing levels over the lifetime of the project. Changes in technology often lower staffing requirements; but it is not known what changes might occur or when they would occur. CEQA does not require an analysis of impacts which analysis conclusions may be remote or speculative.

Comment 198: The summary acknowledges the need for 466 new parking spaces with the MOB. However, the recommendation is made that perhaps additional parking will be required in the future, depending on additional impacts. There is no discussion concerning where this new parking would be located, who would pay for it, or what criterion would be used to determine the point at which it would be required.

Response: Since the concern of the commentor extends beyond the parking analysis conducted for 2002, it would be remote or speculative to identify where the parking would be located, who would pay for it and what criterion would be used to determine the point at which it would be required. It is assumed that the City would conduct/require an analysis of potential sites and determine a pro-rata share of construction costs based on those that would benefit from the garage construction.

Comment 199: The residential permit parking program identified as a possible mitigation in the DEIR would not be effective as described, because two-hour parking

would not alleviate demand for on-street parking from Kaiser patients and visitors. A residents-only permit program would be needed, with a provision for visitors of residents, and should be discussed in the DEIR.

Response: The comment is noted. Details of the recommended residential parking permit program would be worked out by the City at a later date in conjunction with area residents.

Comment 200: Removal of the parking fee at the patient garage would help to increase use of the garage, although free parking at the garage would entice staff to pose as patients in order to park free of charge, and would thereby encourage staff, patients and visitors to drive to Kaiser instead of using car pools or public transit. The DEIR does not analyze that scenario.

Response: Free parking at the patient and visitor garage could be effective as a technique to increase legitimate use of the garage, while keeping employees and Piedmont Avenue shoppers out of the garage. Garage attendants could require exit verification of medical appointment slips, or visitor slips obtained from the nursing stations.

Comment 201: To be an effective mitigation, the permit parking program needs to have identified clear boundaries where spillover parking is a problem.

Response: Figure 28 (DEIR page 106) illustrates block faces where parking is considered a "problem", which is generally where peak occupancy exceeds 95 percent of available spaces. Actual determination of a residential parking permit program would be by survey of or petition by area residents, and would generally coincide with the area where parking is perceived as a problem. Current City procedures for establishment of a residential parking permit program call for a vote of residents on a block-by-block basis. A previous effort to establish a program for this area failed due to lack of majority interest of residents.

Comment 202: Specific alternatives for designing a permit parking program need to be identified. A two-hour limit during the day, exempting residents and visitors, might be the best solution. However, the residents should be surveyed for the system to fit their needs. This must occur prior to approval of the project.

Response: The residential parking permit program is an identified mitigation in the Draft EIR for the proposed project. Residents would be consulted before establishment of the program.

Comment 203: The DEIR states that a TSM program will mitigate traffic, pollution and parking impacts. Since the TSM plan is unproven and undefined, it is possible that additional impacts of the TSM plan will occur. For example, if staff garage fees are increased, the result could be increased staff use of the patient garage and on-street parking spaces.

Response: The TSM Plan would not cause any foreseeable significant impacts in addition to those of the proposed project. Thus, CEQA does not require that the impacts of this mitigation be evaluated in the EIR.

Comment 209: The DEIR did not provide accident statistics for the MacArthur Boulevard/Piedmont Avenue intersection, or for other intersections.

Response: The past three years accident history of the study area intersections have been reviewed through the City of Oakland Statewide Integrated Traffic Records Systems (SWITRS) reports. The number of accidents recorded in these reports are shown in Table A. In addition to the data shown in Table A, previous accident data summaries prepared by the City of Oakland show that Broadway/41st Street has an accident rate that is higher than the City of Oakland average for 2-way stop intersections where the minor street is two lanes. In an effort to reduce accidents at Broadway/41st Street, the DEIR provides an existing conditions mitigation (page 143) which could redirect traffic from 41st Street to 40th Street, which is signalized at Broadway.

Comment 210: The DEIR fails to assess the impact of project-generated traffic on levels of service for unsignalized intersections along Piedmont Avenue (at Montell, Yosemite, Rio Vista, Monte Vista, and Glen).

Response: At the outset of the study, twelve intersections were identified for inclusion in the impact analysis during project scoping meeting. These twelve intersections were the ones that the project would be likely to impact, so a quantitative evaluation of their operations was deemed necessary. The intersections of Piedmont Avenue with Montell Street, Yosemite Avenue, Rio Vista Avenue, and Glen Avenue were not identified for

TABLE A: INTERSECTION ACCIDENT DATA

<u>Intersection</u>	<u>Number of Accidents</u>			<u>Total</u>
	<u>1988</u>	<u>1989</u>	<u>1/90 through 9/90</u>	
Signalized:				
Broadway/40th St.	7	16	11	34
Broadway/W. MacArthur Blvd.	7	10	6	23
Howe St./W. MacArthur Blvd.	4	8	8	20
Piedmont Ave./41st St.	4	6	1	11
Piedmont Ave./W. MacArthur Blvd.	4	4	4	12
Unsignalized:				
Broadway/41st St.	17	8	5	30
Howe St./40th St.	2	1	4	7
Howe St./40th St. Way	0	0	0	0
Howe St./41st St.	4	2	2	8
Piedmont Ave./40th St.	3	1	2	6
Piedmont Ave./41st St.	4	6	1	11
Piedmont Ave./Monte Vista Ave.	1	3	1	5

NOTE: In cases where an accident occurred at a location between intersections, the accident was considered to be at the nearest intersection.

SOURCE: City of Oakland SWITRS Reports.

inclusion in the study since these streets are more local in nature, and a very small percentage of project traffic would impact these intersections. Montell Street, Yosemite Avenue and Rio Vista Avenue are located off Piedmont Avenue between W. MacArthur Boulevard and 40th Street. Project traffic southbound on Piedmont Avenue destined for the patient/visitor or employee garage would turn right on 40th Street to access the project. Likewise, traffic northbound would make a left turn on W. MacArthur Boulevard, and would thus not impact Piedmont Avenue's intersections with Montell Avenue, Yosemite Avenue or Rio Vista Avenue. Glen Avenue is also a local street which should carry less traffic than adjacent 40th and 41st Streets. Piedmont Avenue's intersections with 40th and 41st Streets are included in the transportation analysis.

Comment 213: The DEIR ignores the possible mitigation of requiring Kaiser to pay for a crossing guard to help with pedestrian and traffic circulation between the parking garages and the MOB, and to enforce double-parking restrictions along Howe Street.

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Response: The need for enhanced safety for pedestrians crossing between the parking garages and the MOB is noted in the mitigation measure (DEIR page 144) that requires an elevated, specially paved northern and southern crosswalk on Howe Street. These would slow traffic and make the motorist aware that they are intruding on pedestrian space. Based on standard heights for raised pedestrian crosswalks, the crosswalk on Howe Street would be elevated about four inches above pavement level.

The need for enforcement of double-parking laws is noted in the mitigation measures (DEIR page 143) concerning strict City of Oakland enforcement of double parking and meter time limits on Howe Street.

Comment 214: The DEIR ignores the possible mitigation of installation of a three-way stop sign at the intersection of Howe and 40th Streets to discourage the use of Howe Street as a thoroughfare.

Response: Installation of 3-way stop sign at Howe Street/40th would not be appropriate, since it would increase delay to motorists using Howe Street, increase congestion and diminish air quality in the immediate area surrounding the intersection. Furthermore, Howe Street/40th Street is projected to have the 40th Street eastbound approach operate at LOS D, an acceptable level of service for urban areas, with existing plus project plus cumulative development in 2002. Three and four way stop signs are needed for locations where there is a degradation in service level due to intersection traffic volumes, or for specific safety reasons. These conditions are not present at Howe Street/40th Street.

Comments 216 and 299: The TSM goal of ten percent is probably too low, based on the experiences of other employers and other jurisdictions. The Varian (industrial park) TSM example cannot reasonably be applied to the residential project area. The DEIR analysis is based on inadequate baseline information, unidentified plan components, lack of quantification, and misapplication of the Varian (Palo Alto) model to the Oakland community.

Response: The Varian TSM program in Palo Alto is cited as an example of the success of TSM programs in lowering drive-alone rates and is not intended to be a blueprint for the Kaiser Oakland MOB TSM Plan.

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Comment 217: The DEIR needs more site-specific baseline analysis, with a more scientifically-administered survey, of how many patients and staff drive alone, carpool, use the BART shuttle, use AC Transit, walk, bicycle, and clearly identify where people live.

Response: As stated on page 119 of the DEIR, employee and patient/visitor zip codes were used to determine the vehicle and transit trip distribution of the project. This information was obtained through the surveys, which also asked which mode people took to the Kaiser Medical Center. The project's impacts on mass transit are identified on page 125 of the DEIR.

Comment 218: TSM program key components not addressed in the DEIR include the following: specific performance standards for reducing single-occupant auto use; an ongoing monitoring program involving at least annual traffic counts; penalties for non-compliance with performance standards; a TSM Coordinator on-site; transit pass and ticket distribution on-site; information on transit alternatives sent to all employees and patients; and possible elimination of parking subsidies for employees, in conjunction with resident-only permit parking for on-street spaces. Before TSM is allowed as mitigation for the MOB impacts, viable TSM programs should be identified which serve geographic areas similar to the MOB vicinity, a permanent mitigation monitoring program, and a TSM trial of at least six months prior to approval of the MOB.

Response: The development and implementation of a Transportation System Management (TSM) plan is a mitigation measure that would, if implemented in its entirety, reduce peak hour parking demand. The description of a plausible TSM plan in the DEIR is not intended to be a comprehensive and detailed operational plan but rather the introduction of current/future plans that would require separate and extensive study.

The TSM plan envisioned for Kaiser Oakland would be designed to meet the needs of the entire Medical Center and not just the proposed MOB. Potentially, the success of this plan could alleviate the parking situation in the study area as a whole and at the same time accommodate growth in Kaiser's service area population, as described on DEIR page 144.

Comment 219: The DEIR needs analysis of TSM mitigation impact interaction.

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Impacts should be evaluated for implementation of the TSM program on air quality, intersection levels-of-service, and spillover on-street parking in the adjacent neighborhood.

Response: No significant environmental impacts beyond those of the proposed project are associated with the identified mitigation of a TSM Plan. Thus, an impact analysis of the mitigation is not required by CEQA.

Comment 220: The DEIR needs to determine the number of employees and patients that would need to be shifted from the drive-alone mode to other transportation modes in order for the off-street parking supply and demand to balance.

Response: When all off-street parking is fully (95 percent or greater) occupied in the project impact area, no additional drive alone vehicles could be accommodated. Table 17 (page 131 of the DEIR) illustrates the number of employees that could not be accommodated as a worst case in 1992 and 2002. These persons would need to carpool or shift to alternate modes of transportation.

4. AIR QUALITY (DEIR Section IV.E)

Comments 4, 38, 163, 238, and 239: The DEIR does not adequately address existing and future releases of known and suspected carcinogens from Kaiser's facilities.

Response: The known carcinogen emitted from the Hospital is ethylene oxide from the ethylene oxide (EtO) sterilizer. As stated on page 155 of the DEIR, paragraph 4, approximately 140 pounds of EtO are currently emitted annually by the Medical Center operation. However, according to BAAQMD's Regulation 11, Rule 9 for Hospital EtO sterilizers, the Medical Center will be required to reduce the emissions by 99.9 % within 18 months of the rule adoption (June 11, 1990). Reduction of approximately 98% of EtO sterilizer emissions can be accomplished by installation of emissions control equipment (scrubbers). The impact from chloroflourocarbons (CFCs) as a result of the MOB would be an indirect effect, as discussed on DEIR page 159, paragraph 3.

As stated in the DEIR on page 159, paragraph 4, approval of the MOB would allow the Medical Center to serve an additional number of patients and therefore have a

proportionate impact on the amount of Toxic Air Contaminants (TAC's) emitted.

However, in that the annual patient number (membership) is expected to increase at the Medical Center, with or without construction of the proposed project, this impact cannot be directly attributed to the proposed project.

Comments 5, 44, 67, 79, 100, 116, 158, and 205: Unacceptable carbon monoxide levels are expected to result from the proposed project. Carbon monoxide levels in ambient air currently exceed federal standards at several intersections in the area, generally due to motor vehicle exhausts. Project implementation would increase traffic in the neighborhood, thereby increasing carbon monoxide concentrations even more. All development alternatives (except "no project") would cause the levels of carbon monoxide to exceed standards and reach unsafe levels. Comments were of the opinion that these impacts pose an unacceptable threat to public health. Furthermore, the DEIR may have underestimated the expected carbon monoxide increases if traffic projections that are too low were used. Discussions of impacts and mitigation measures for carbon monoxide pollution in the DEIR are inadequate.

Response: The increases in project-related carbon monoxide (CO) emissions would be significant, in terms of contribution to future base and cumulative development-generated exceedances of the state and federal eight-hour CO standard at three MacArthur Boulevard intersections, and as such are noted as an unavoidable significant adverse effect of the project (DEIR page 211). As noted on page 158 of the DEIR, CO emissions due to project-related motor vehicle trips would exceed the Bay Area Air Quality Management District's (BAAQMD's) significance threshold of 550 pounds per day. Carbon monoxide levels in ambient air currently exceed state and federal standards at several intersections in the area. As stated on page 159, the increase due to the project would be considered significant since the future base level would itself exceed the ambient standard of 9.0 ppm. CO emissions from Alternatives A, B, and C would be less than from the project, as discussed in DEIR Section V (Alternatives); each of these alternatives, including the No Project alternative, would exceed the air quality standards. Mitigation measures on page 161 of the DEIR were also identified to minimize project-generated CO emissions.

The total number of daily vehicle trips (both in and out trips) generated by the project is 1,882, as shown in Table 13 on page 120. This is the number of vehicle trips used for

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the estimated emissions shown in Table 20, page 158. The trip generation rates in the DEIR were based on published trip generation rates for medical facilities, prepared and published by the Institute of Transportation Engineers (ITE).

Comments 6, 15 and 162: The proposed mitigation of TSM is not enough to reduce carbon monoxide emissions to a safe level. Kaiser should already have a TSM program, and its results in reducing pollution should be proven before the City accepts TSM as mitigation.

Response: As discussed on DEIR page 159, the specific project impact on CO levels would be slight (worst case of 0.1 ppm); the increase would be considered significant since the future base (without the project) CO level at three local intersections would in future exceed (and already exceeds) the state and federal ambient standard. As stated on DEIR page 161, reducing vehicle trips generated by the entire medical center by 10% would offset net increases in CO emissions potentially generated by growth in patient visits and staff levels at the Medical Center in the future.

Comments 13, 68, 159, and: Kaiser should identify and quantify all substances being released to the neighborhood from its tower, not just known toxic compounds that are regulated at present. Project implementation would exacerbate existing releases.

Response: In addition to the contaminants listed in BAAQMD's "Hot Spots" report and listed on page 155, paragraph 4 of the DEIR, emissions of hydrocarbons occur from three diesel generators at Kaiser Hospital that are tested for 30 minutes per week, and small quantities of xylene and alcohol vapors released from the Pathology Department. These were not listed in the "Hot Spots" report because of the small quantities emitted (below quantities measured by the BAAQMD). Project-related impacts regarding toxic air contaminations (TACs) are described on page 159, paragraph 4 (see also response to Comment 240 below).

The following is added to page 155 of the DEIR, at the end of paragraph 4:

Additional hydrocarbon emissions occur in exhaust from the Hospital's three diesel generators, which are tested 30 minutes per week. The Pathology Department emits small quantities of xylene and alcohol vapors.

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Comments 14, 179, and 245: Kaiser should be required to install pollution control equipment on the hospital sterilizer as a condition of the project.

Response: Within 18 months of June 11, 1990, BAAQMD requires Kaiser and all other hospitals to install sterilizer pollution control equipment that reduces ethylene oxide emissions by 99.9%.

Comments 117 and 206: Use of the word "slight" to describe carbon monoxide impacts in the DEIR is misleading. Carbon monoxide concentrations presented in the DEIR have been rounded incorrectly.

Response: The word "slight" is used in paragraph 2, page 159, of the DEIR because the increase due to the project would be 0.1 ppm. However, as mentioned in the same paragraph, this is considered significant since the future base level would itself exceed the ambient California standard of 9.0 ppm. The comments are correct in stating that the federal standard for CO is 9 ppm. However, the state standard is generally used as a basis for comparison of project impacts because it is generally more stringent, as is stated on page 150 at the end of paragraph 2. Therefore, the numbers in Table 21 on page 160 of the DEIR are rounded to tenths and compared to the state standard of 9.0 ppm.

For clarification, the first sentence of the note in Table 21, page 160 of the DEIR is changed from "...the state and federal eight hour CO standards are both 9.0 ppm." to "...the state eight hour CO standard is 9.0 ppm and the federal eight hour CO standard is 9 ppm."

Comment 181: In view of the air quality problems caused by the proposed project, comments on the DEIR should be sought from the Bay Area Air Quality Management District.

Response: The comment is noted. The Bay Area Air Quality Management District was provided an opportunity to comment on the Draft EIR, as were other potentially concerned public agencies with jurisdictional responsibilities specific to the project, during the 75-day total public comment period. No written or oral comments from the BAAQMD concerning the DEIR were submitted to the Oakland Planning Department during the public comment period.

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Comment 189: The proposed TSM plan is inadequate, and its inevitable failure will result in neighborhood impacts including increasing levels of carbon monoxide pollution and further reducing the availability of on-street parking spaces to neighborhood residents.

Response: The commenter has not stated how the proposed TSM program would result in an increase in carbon monoxide emissions in the site vicinity. Any quantitative reduction in the number of automobile trips to and from the Kaiser Medical Center would result in a reduction in the amount of carbon monoxide emissions at local intersections. In order for the TSM program to result in generation of more CO emissions than would be generated by the project, as evaluated in the DEIR, the TSM program would have to result in the generation of a greater number of vehicle trips than would operation of the project and the Medical Center as a whole without a TSM program.

Comment 204: The project will generate another 780 pounds per day of carbon monoxide, well in excess of the significance threshold of 550 pounds per day.

Response: The DEIR, p. 158, states that project emissions of CO would exceed the significance threshold. As such, project-generated CO would be a significant effect of the project. With mitigation, however, emissions of CO would be reduced below 550 pounds per day, the significance threshold.

Comment 207: Allowing the MOB as proposed will not only result in increased competition for on-street parking spaces, it will also result in increased carbon monoxide and other air pollutants because of emissions from vehicles cruising the neighborhood in search of a parking space. The DEIR did not address that issue.

Response: Project-generated air quality impacts were addressed in Chapter IV Section E, to the extent possible. As provided for by Section 15145 of the CEQA Guidelines, some potential project impacts are too speculative for adequate analysis, and discussion of these impacts should be limited.

Comment 208: The Howe Street/MacArthur Boulevard will have massive traffic jams during peak hours, and the delays caused by these conditions will result in air pollutants generated by idling vehicles. The DEIR does not evaluate that impact of MOB-generated congestion impacts.

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Response: Congestion generated by the MOB was incorporated into the air quality analysis. Intersection modeling of carbon monoxide concentrations was performed using worst-case assumptions, including a BAAQMD-recommended speed of five mph for intersections with LOS D or worse. This mph estimate is an average speed through the intersection, and accounts for time spent both idling and moving. Under these worst-case assumptions, the carbon monoxide concentrations at the Howe Street/MacArthur Boulevard intersection were found to be environmentally significant.

Comment 215: Measures to reduce the use of Howe Street as a thoroughfare would, if including ways to slow traffic, increase carbon monoxide pollution.

Response: The commentor is correct in stating generally that emissions of carbon monoxide increase as the traffic speed decreases. However, decreasing the use of Howe Street as a thoroughfare would also probably result in fewer cars traveling along the Street, which would serve to decrease carbon monoxide emissions. Therefore, a decrease in the speed would be at least partially offset by a decrease in the use of Howe Street, and benefits or drawbacks of this measure cannot be assessed without further study.

Comment 240: The DEIR dismisses any impact resulting from toxic air contaminant emissions as insignificant, without any supporting evidence.

Response: Independently of this project, ethylene oxide emissions will be reduced 99.9% in conformance with recently-enacted BAAQMD regulations. Future increases in emissions of the other TACs emitted at the Hospital would be expected to be insignificant because of the small quantities involved.

5. NOISE (DEIR Section IV.F)

Comments 10, 54, 61, and 258: To partially mitigate construction noise, construction activities should be limited to weekdays.

Response: The comment is acknowledged. The second line of the first mitigation measure, paragraph 3, on page 169 is changed from "...Monday through Saturday..." to "...Monday through Friday..."

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Comments 39, 44, 60, 102, 128, 131, 165, and 180: Existing noise levels at Kaiser are high, and future noise levels will be even higher around the Medical Center. Blowers from the existing building operate twenty-four hour per day, and the roof vents are a major source of noise pollution in the neighborhood. The proposed project would increase the current level of noise pollution.

Response: As stated on page 168 of the DEIR, paragraph 2, blowers and rooftop vents on the proposed MOB could generate noise audible to adjacent residents, and could have a significant impact on ambient noise levels. The mitigation measure on page 170 identified potential reduction in equipment-generated noise if Kaiser were to retain an acoustical consultant to reduce the noise impact of rooftop equipment by directing the noise away from residences and by installing silencers or sound absorbers, as necessary. In addition, Kaiser could consider doing the same for existing blowers and rooftop vents at the Medical Center tower.

Comments 63 and 108: The noise levels generated during project construction would be unacceptable.

Response: The DEIR states that during some phases of construction, noise levels generated by construction activities would be a significant adverse impact on adjacent residents and patients in rooms of the Hospital tower facing the construction site, and cannot be mitigated to less-than-significant levels, as described on page 167, third paragraph. The impact of construction noise would, however, be a temporary (and therefore short-term) impact of the project.

Comments 132 and 247: The validity of the background noise data presented in the DEIR is questioned. DEIR authors extrapolated 5:00 p.m. noise sampling data to 24-hour noise levels in the project area, with the assumption that the noise environment in the project area is dominated by traffic. But the DEIR presented no evidence that traffic dominates the noise environment (it is dominated by the Kaiser roof vents) nor does it offer evidence that the four ten-minute samples collected represent the peak-hour L_{eq} .

Response: As stated in paragraph 3 on page 162 of the DEIR, one 24-hour noise measurement was made along with four short-term noise measurements to quantify the ambient noise level at the project site. From the 24-hour noise measurements, the L_{dn} (measured time-averaged noise level, calculated as a 24-hour noise descriptor) was

calculated as described on page 162, paragraph 2. Evening noise levels are given a sensitivity weighting of 10 dBA when calculating L_{dn} (refer to note 3 on DEIR page 170). The short-term measurements were made during peak-hour traffic volumes (between 4:00 p.m. and 5:00 p.m.).

For clarification, sentences 4 and 5, paragraph 3 on page 162 of the DEIR are deleted and replaced with the following:

As indicated in Table 23, noise levels generated during peak-hour traffic volumes (between 4:00 p.m. and 5:00 p.m.) in the project vicinity, ranged from 61 to 70 dBA, L_{eq} . Nighttime levels are about 10 dBA, L_{eq} less. On the basis of the 24-hour noise measurement, the L_{dn} was calculated to be 63 dBA, L_{dn} .

Comments 133, 246, and 307: The DEIR's evaluation of project impacts on the noise environment is inadequate and needs more detail. All noise sources were not considered. For example, there is no discussion of impacts of intermittent noise (slamming car doors, auto alarms etc.) nor of low-level noise of long duration. Construction truck noise was not evaluated. Any source of additional noise should be considered a significant impact.

Response: Intermittent noise events, such as those listed by the comments, cannot be calculated with any real accuracy in relation to ambient (existing background) noise levels because such events do not occur at a constant rate over a given period of time. CEQA Section 15002(g) defines what may be considered to be a significant effect: "A significant effect on the environment is defined as a substantial adverse change in the physical conditions which exist in the area affected by the proposed project . . ." While substantial additional noise may therefore be considered to be a significant impact of a project under CEQA, any source of additional noise is not a significant impact under CEQA. As described on DEIR page 168, a three-dBa increase in noise levels is the minimum threshold at which the change can be detected by most people. The only source of noise resulting from project operation were determined in the DEIR to exceed this threshold on a relatively constant basis would be noise from rooftop equipment.

Comments 134, 248 and 308: Constant noise from the ventilation and air conditioning equipment at the top of the Hospital tower has never been baffled or re-directed away from the residential area, despite numerous complaints from neighbors.

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Response: The comment is noted. However, in that this is a comment on existing conditions, and therefore the environmental setting rather than the environmental impacts of the proposed project evaluated in the DEIR, it would be more appropriately addressed in the forum of enforcement of the City Noise Ordinance, if levels of noise emitted by existing Kaiser operations exceed any criteria of the ordinance.

Comments 165 and 246: The measures proposed in the DEIR to mitigate noise impacts are inadequate.

Response: The mitigation measures proposed for noise are standard mitigation measures designed to minimize noise impacts of this project as they do for similar projects. As stated on DEIR pages 169 and 170, implementation of the measures would reduce, but would not eliminate, the impacts of project construction and operational noise. CEQA Section 15126(c) requires description of mitigation measures which could, if implemented, minimize adverse impacts; it is often not feasible, nor is it required under CEQA, to develop mitigation measures which eliminate adverse impacts. Also see Comment 10 et al., following.

Comment 249: The DEIR concludes that the cumulative impact of traffic increases along Howe Street, with the project in operation, would be insignificant, even though under present conditions noise levels are at the upper range of 'normally acceptable'. The highest percent increase over existing traffic volumes would be 64 percent along 40th Street, but no noise evaluation was conducted there.

Response: A noise analysis was conducted for 40th Street. The result of the noise measurement is contained in Table 23, DEIR page 164, and the analysis is detailed on DEIR pages 167 and 168. As explained on those pages, cumulative traffic on 40th Street would raise existing noise levels by two dBA, which is less than the threshold of human detectability. When added to the current noise level on 40th Street, determined by measurement to be 63 dBA, the resulting noise level is 65 dBA, which would still be within the "normally acceptable" range. Therefore, noise impacts along 40th Street would not be significant.

Comment 250: Mitigation measures which must be implemented before the proposed MOB is approved include reduction of the existing noise level, and PANIL input and final approval into the type of noise creating and suppressing equipment, and its orientation, on the proposed building before the equipment is installed.

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Response: The Planning Commission would be within its purview to include these measures as conditions of project approval. However, in that these measures do not respond to any significant adverse impacts of the proposed project, they would not be appropriate for inclusion in the DEIR on the project.

Comment 256: During the noisiest construction phase, exterior noise levels would reach 90 dBA at the nearest residence. Noise levels above 85 dBA for two hours or longer can lead to hearing loss.

Response: The estimate of 90 dBA, L_{eq} at the nearest residence applies to exterior noise levels. With windows closed, interior levels would be less than 25 dBA, L_{eq} and would not cause hearing loss.

Comment 257: The DEIR did not address the noise effects of construction truck movement.

Response: Although not specifically mentioned in the DEIR, noise generated by construction truck movement was incorporated into the analysis of overall construction noise levels during different phases of the proposed project's construction. As mentioned on DEIR page 167, construction noise would be a temporary, significant impact. Because of high existing noise levels, construction truck use of nearby roads would not noticeably affect noise levels on these roads.

6. GEOLOGY, SOILS, AND SEISMOLOGY (DEIR Section IV.G)

Comment 24: The peak ground acceleration given in the DEIR does not adequately characterize the seismic hazard of the project site. On page 172, the DEIR states that the peak ground acceleration for the site is 0.5g, based on Greensfelder (1974). Using the more appropriate Joyner and Boore (1988) attenuation formula, it can be estimated that a peak ground acceleration of 0.66g could be expected at the project site. Therefore, the peak ground acceleration for the site given in the DEIR should be recalculated. The new data and any additional mitigation measures should be presented in the Final EIR.

Response: Based on the Earthquake Planning Scenario for a Magnitude 7.5 Earthquake on the Hayward Fault in the San Francisco Bay Area /1/, the EIR states in the third paragraph on page 172, "Maximum groundshaking intensity in the vicinity of the site is IX (Modified Mercalli intensity scale)." An intensity of IX on the Modified Mercalli

scale would result in peak ground acceleration of 0.50 to 0.55g /2/. Recent USGS (1990) studies indicate that the expected magnitude for the next event on the Hayward Fault is a richter magnitude 7 /3/; this is half a magnitude less than what the California Division of Mines and Geology (CDMG) (1987) report is based on. While the merit of the Joyner and Boore (1988) attenuation formula may be useful as a worst case scenario, the above information is believed by the authors of the DEIR to be reasonable and credible. In addition, the Harding Lawson Associates report (1989) prepared for the project recommended that seismic design (in accordance with the 1988 UBC) use a site coefficient, S, of 1.0 (see Appendix A of this document). /4/ Harding Lawson is a registered engineering firm, and these conclusions are believed to address the seismic concerns appropriately.

NOTES:

- /1/ California Division of Mines and Geology, Earthquake Planning Scenario for a Magnitude 7.5 Earthquake on the Hayward Fault in the San Francisco Bay Area, Special Publication 78, 1987.
- /2/ Bolt, Bruce A., Earthquakes, W.H. Freeman and Company, New York, 1988.
- /3/ United States Geological Survey, Probabilities of Large Earthquakes in the San Francisco Bay Region, California, United States Geological Circular 1053, 1990.
- /4/ Harding Lawson Associates, Soil Investigation, Medical Office Building, Kaiser Medical Center, Oakland, California, March 14, 1989.

Comment 25: The Harding Lawson Associates (1989) soils engineering report for the project site that was the basis for mitigation measures recommended in the DEIR should be appended to the Final EIR, as should all relevant technical reports.

Response: The comment is noted. It is not practical to append all source documents used in compiling the EIR. Footnotes serve as references to guide any interested person(s) to the original source documents. The DEIR inadvertently omitted the soils report as a source, but is included in this Final EIR Addendum (see Appendix B). On page 174 of the DEIR, the first bulleted item under Measures Identified in this Report is deleted and replaced with the following:

Follow recommendations presented in Harding Lawson and Associates, Soil Investigation: Medical Office Building, Kaiser Medical Center, Oakland, California, March 14, 1989./9/

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At the bottom of page 175, the following note is added:

/9/ Harding Lawson and Associates, Soil Investigation: Medical Office Building, Kaiser Medical Center, Oakland, California, March 14, 1989.

Comment 26: The soils engineering recommendations for the project as presented in the Harding Lawson Associates (1989) soils engineering report should be specifically included in the EIR.

Response: The comment is noted. The recommendations from the Harding Lawson Associates (1989) Soil Investigation report cited in the previous comment are included in Appendix B to this Final EIR Addendum document, and may be incorporated as part of the proposed project if so required by the Oakland City Planning Commission during consideration of project approval.

Comment 182: A post-Loma Prieta earthquake inspection report of the site was requested by the Department of Conservation, Division of Mines and Geology, in its response to the Notice of Preparation for the DEIR. The results of that inspection should have been included in the DEIR, but the DEIR contained no such report, nor is there evidence that the Department was notified of the increased building size.

Response: The comment is noted. The site contains no structures with medical facilities at present. Furthermore, the soils report prepared for the site in 1989 by Harding-Lawson Associates did not note any evidence of landslides, nor are there any surface watercourses, or other surface features potentially effected by the Loma Prieta earthquake. Prior to the start of construction, a site reconnaissance would be conducted by the project sponsor's geotechnical consultant in order to ascertain more specifically the seismic character of the site. Any additional studies and/or mitigations that would be necessary prior to project development could be determined at that time.

Comment 269: Seismic mitigation measures include an emergency response plan, periodic drills, and posting of evacuation routes on all floors. Several thousand people would exit the buildings during drills, and would have a significant impact on the neighborhood. The DEIR does not include a plan for building evacuation of Kaiser employees and patients.

Response: The mitigation measure referred to by the commenter would, if implemented, apply to evacuation of employees, visitors, and patients. See also the response to Comment 269 in Section IV.B.10, Public Health and Safety, of this document. The

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commenter does not suggest how the periodic evacuation of people from Kaiser buildings would result in a significant impact. Therefore, a response to that comment cannot be prepared.

7. HYDROLOGY (DEIR Section IV.H)

Comments 166 and 254: The DEIR does not adequately address the potential for increased runoff and flooding due to the proposed project. Data should be presented in the EIR that would ensure the volume of runoff from construction and the new building would not exceed the carrying capacity of Glen Echo Creek, which receives the storm drain discharge.

Response: The area of the site is 0.91 acres. On pages 176 and 177 the DEIR notes that existing peak runoffs are 0.08 cubic feet per second (cfs) and 0.5 cfs for the two-year, 30-minute storm and the 100-year, 30-minute storm, respectively. Equivalent total runoff volumes for these storm events are 144 cubic feet and 900 cubic feet. To put this amount of water in perspective, the largest of these volumes is the size of a large storage closet or small office. The proposed project would increase the peak runoff volumes to 648 cubic feet and 2,142 cubic feet, respectively. By any measure, these are still relatively small volumes of water.

As is stated on page 178 of the DEIR, drainage facilities would be designed by a California-licensed civil engineer in conformance with City standards, and Kaiser would submit the design of the drainage facilities to the City for review calculations to check adequacy of the existing drainage system to accommodate projected peak flows from the project site. If there remains a possibility that Glen Echo Creek could not carry the increased runoff or that the project design would not comply with City standards, Kaiser would be required to work with the City to avoid any potential inadequacies in the storm drainage system.

Comment 274: Runoff from the site would result in silting of Glen Echo Creek during the construction phase. Once the project is completed, increased storm runoff may damage plant and animal life in the creek habitat, as well as damage the creek itself. The DEIR does not address these issues.

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Response: As discussed on page 178 of the DEIR, soil erosion at the project site during construction activities would cause increased turbidity in storm runoff. This, in turn, could adversely affect water quality in Glen Echo Creek, if unchecked. The DEIR identified measures to mitigate turbidity increases by having the project soils engineer prepare an erosion control plan, as also noted on page 178. These measures have now been proposed as part of the project (see comments in Section IV.G of this document). In addition, measures could be implemented to install and maintain grease traps on drain inlets and manholes at the project site to further preserve water quality by reducing oil and grease concentrations in site runoff. (See also the response to Comments 130 et al., above). There is no evidence to suggest that increased water flow, with implementation of the measure identified whereby grease traps would be installed at the site, would significantly damage wildlife in the riparian habitat.

8. PUBLIC SERVICES AND UTILITIES (DEIR Section IV.I)

Comment 1: The project site has adequate access and water flow capability for fire protection. The Oakland Fire Prevention Bureau shall review site and building plans as part of the project design process.

Response: Comments are noted. See also response to Comment 285 in Section IV.F of this document.

Comments 37, 45, 92, 93, 101, 105, 160, 251, 306 and 313: Increased foot traffic and vehicular traffic resulting from the proposed project would increase opportunities for crime and loitering in the neighborhood. Hospital zones, in general, often suffer high rates of crimes. The new MOB would have two pharmacies. Pharmacies are favorite targets for robberies and burglaries. The DEIR did not adequately address impacts related to increased incidents of loitering and crime that could result from the proposed project, nor did it discuss measures to mitigate such occurrences.

Response: The DEIR states that demand for emergency and non-emergency patrol services of American Protective Services (private security service under contract to Kaiser) would increase, as discussed in DEIR Section IV.I, Public Services and Utilities, page 180. One mitigation measure identified in the DEIR calls for the review of building plans by the Oakland Police Department. During this review, measures to

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reduce the robbery potential of the pharmacies could be suggested by the Police Department.

Loitering in a hospital zone is prohibited by Oakland Municipal Code section 3-6.01. Posting of No Loitering signs and enforcement of the Municipal Code by police would likely reduce loitering.

Comment 253: Are the 80- to 90-year-old water mains adequate to deal with a fire should it begin at the MOB and spread to neighboring buildings? The adequacy of the water mains should be assessed by the Oakland Fire Department.

Response: The Fire Marshall for the City of Oakland was consulted on August 31, 1990, concerning potential impacts of the project and stated that the water supply infrastructure adjacent to the project site has the capability of providing the necessary water flow for fire protection. As stated in the first mitigation measure identified on page 182 of the DEIR, Kaiser could be required to install an additional fire hydrant adjacent to the site in order to further ensure adequate capabilities for fire suppression. In addition, if required by the East Bay Municipal Water District, Kaiser could be required to install a new water supply main on Howe Street to serve project-generated demands for water, as described in the first mitigation measure on page 184 of the DEIR.

Comment 263: Pilferage from construction sites and house and auto burglaries are known to increase during construction periods. The DEIR does not mention the potential impact of crime during construction on the neighborhood.

Response: The comment is acknowledged. The incidence of theft and other crimes could increase in the vicinity of the construction site. As discussed on page 180 of the DEIR, security services by American Protective Services currently include patrol of the project site area. The presence of security personnel in the site area could discourage crime during the construction period.

Comment 268: No mention is made in the DEIR of the impact of the project on radio and telecommunication equipment in the area surrounding the site. Will radio, television, and cordless phone reception in the neighborhood be affected? If so, how would the interference be mitigated?

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Response: It is not expected that radio and telecommunication equipment in the neighborhood would be affected by operation of the project. Kaiser would be required to design magnetic facilities with sufficient shielding to ensure that magnetic fields are within legally required standards.

Comment 271: The proposed park on Cerrito Avenue would be a potential source of noise, litter, loitering, and crime; these impacts have not been addressed in the DEIR.

Response: It is not expected that loitering or crime on Cerrito Avenue would be substantially increased by the proposed plaza, especially if its use was restricted to Kaiser employees. Potential loitering and crime incidents could be minimized by fencing, access control and enforcement of anti-loitering laws. General provisions for crime control at the proposed MOB are discussed above, in the response to Comments 37 etc.

9. ENERGY (DEIR Section IV.J)

Comment 255: The DEIR states that the electrical grid is adequate for the project, but it is unclear whether the transformer and transmission facilities would be located above ground or below ground in an electrical vault. The transformer and transmission facilities should be located below ground in a vault.

Response: According to Tom Wilkes, Engineering Supervisor at Kaiser, the transformer and transmission facilities would be located below ground in an electrical vault./1/ The following sentence is added to page 192 of the DEIR, at the end of paragraph 2:

The transformer and transmission facilities for the Medical Office Building would be located below grade in an electrical vault.

NOTE:

/1/ Tom Wilkes, Engineering Supervisor, Kaiser Permanente, telephone conversation, December 13, 1990.

10. PUBLIC HEALTH AND SAFETY (DEIR Section IV.K)

Comment 233: The DEIR has discussed only increases in the use of hazardous materials, rather than the nature of such use (page 204), based on the rationale that the

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same materials are already used on the Kaiser campus. However, as the DEIR applies only to the new MOB, not to the campus as a whole, it must evaluate use and impacts of these materials.

Response: The comment is noted. If current hazardous materials practices are continued and the number of patients increase, the utilization of hazardous materials and the emission of toxic air contaminants, especially ethylene oxide, would increase. However, Bay Area Air Quality Management District Regulation 11, Rule 9 for Hospital Ethylene Oxide Sterilizers requires a 99.9% reduction in sterilizer chamber emissions within 18 months of June 11, 1990.

Comment 234: Impacts are incorrectly labeled "reduced to less than significant levels" in Table S-1.

Response: The information presented in Table S-1 of the DEIR was judged by the EIR authors to be correct. Table S-1 is a summary of the environmental effects of the project, as described in DEIR Section IV. As stated on DEIR page 208, in the last paragraph (under the heading Mitigation Measures), the proposed Medical Office Building would have an insignificant effect on the public's health and safety, if all pertinent rules and regulations and Kaiser's policies concerning hazardous materials and safety, are followed. Therefore, even without implementation of the mitigation measures identified in the DEIR, the project would result in less than significant effects.

Comment 235: The combination of Kaiser's exiting and soon-to-be-increased releases of pollution, with increased traffic, congestion, noise, and infectious litter left in neighbors yards (such as blood-stained bandaids and disposable diapers) will make Kaiser a lethal neighbor unless the Planning Commission requires full mitigation of the development.

Response: The comments statement concerning Kaiser as a 'lethal' neighbor has no basis in fact. The response to Comment 244, below, addresses potentially toxic air contaminant releases. The Hospital currently classifies any bodily fluid product as infectious. As a matter of Hospital policy, patients are not allowed to leave Hospital buildings to dispose of infectious waste. Therefore, while litter left in yards of neighboring residents is a nuisance, it is not potentially lethal. The Hospital cannot control disposal of all potential litter by persons outside Hospital buildings.

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Comment 236: The DEIR did not adequately address transport and storage of hazardous and non-hazardous wastes in terms of specific compounds; it addresses them inadequately in general categories. On-site dumpster locations, access, and health and safety precautions are not reviewed. .

Response: The Resource Conservation and Recovery Act of 1976 (RCRA) regulates the transport and storage of hazardous waste (see Section IV.K Public Health and Safety in the DEIR, page 199). The Act and the regulations it propagated contain requirements for specific compounds. To be in compliance with the Act, Kaiser must follow these requirements.

One mitigation measure identified in the DEIR (see DEIR Section IV.I, Public Services and Utilities, page 182) calls for project site review by the Oakland Fire Department. The placement of dumpsters and other related health and safety issues would be addressed during that review.

Comment 237: Recycling strategies are not reviewed.

Response: As discussed in Section II.A of this document (Staff-Initiated Addenda to the Draft EIR), the MOB would contain facilities for recycling of paper, glass and metal waste products. The proponent would also, to the extent feasible, replace plastic and other non-recyclable materials with biodegradable and/or reusable materials for disposable items (this is now a mitigation measure proposed as part of the project, as discussed in Section IV.G of this document).

Comments 241 and 242: The DEIR does not address handling of radioactive wastes at the new MOB. Handling, transport, and effectiveness of safety precautions for radioactive wastes should be addressed. The DEIR does not specify what portions of releases from the hospital sterilizer and laboratory fume hoods contain radioactive compounds.

Response: As stated on page 206 of the DEIR, no radioactive waste would be generated in the new building. Therefore, the project would not result in additional radioactive wastes requiring transport.

Comment 243: The DEIR does not discuss the possibility of nonhazardous waste streams combining to form hazardous wastes, as is mentioned on page 194.

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Response: The commenter's concern is noted. Reactivity is one of the criteria used in determining if a waste is hazardous under both RCRA and the Hazardous Waste Control Law (HWCL) (see DEIR Section IV.K Public Health and Safety, page 199). The Medical Center is prohibited by law from placing reactive waste in the non-hazardous waste stream.

Comment 244: Ethylene oxide is a proven carcinogen in animals and is a probable carcinogen in humans. Yet Kaiser continues to release 140 pounds of ethylene oxide per year with no controls.

Response: As discussed in Air Quality above, the release of toxic air contaminants as a known carcinogen emitted from the Hospital is ethylene oxide from the EtO sterilizer. As stated on page 155 of the DEIR, paragraph 4, approximately 140 pounds of ethylene oxide are currently emitted annually by the Medical Center operation. However, the Medical Center will be required to reduce the emissions by 99.9 % within 18 months of the adoption of BAAQMD's Regulation 11, Rule 9 for Hospital EtO sterilizers (June 11, 1990). Reduction of EtO emissions can be accomplished through the use of emissions control equipment (scrubbers).

Comment 252: The MOB will be covered with Dryvit, a styrofoam-like substance that can melt when heated by fire. The DEIR does not evaluate use of Dryvit, nor does it address the potential release of toxic fumes in case of a fire.

Response: The comment is noted. Most building materials can be damaged by fire, either by decomposition, melting, or oxidation. Whether Dryvit or an alternative covering is used, the project would be required to comply with all provisions of the City of Oakland Uniform Building Code.

Comment 260: The DEIR fails to address the control of vectors such as rats and insects that would be displaced during site excavation.

Response: The Alameda County Health Care Services Agency Vector Control Program is responsible for vector control within the City. The Medical Center would be required by law to comply with all appropriate provisions of that program in order to support vector control.

Comment 261: The DEIR fails to address mitigation of asbestos removal hazards associated with demolition of the residential structures now on site.

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Response: Kaiser would employ a licensed asbestos removal contractor for any and all asbestos abatement work required by the project. Proper compliance with asbestos abatement regulations require mitigation of asbestos removal hazards, as described in the first full mitigation measure of DEIR Section IV.K Public Health and Safety, page 209.

Comment 269: Seismic mitigation measures include an emergency response plan, periodic drills, and posting of evacuation routes on all floors. The DEIR does not include a plan for building evacuation of Kaiser employees and patients.

Response: The commenter's concerns are referring to mitigation measures described on page 175 of the DEIR. Consistent with standard practice, the Medical Center would prepare an emergency response plan for the proposed MOB (this is now a mitigation measure proposed as part of the project, as discussed in Section IV.G of this document). Review of the adequacy of the building evacuation plan is not part of an DEIR; an evacuation plan is a designated mitigation measure that would be prepared prior to building occupation and would be reviewed by the appropriate City department for adequacy. Evacuation routes would be posted. Periodic drills for hospital employees would be conducted, and a safe outdoor area for evacuation would be designated.

Comment 270: The DEIR fails to identify, quantify, and mitigate potential carcinogenic or body-function-altering effects of proposed Magnetic Resonance Imagery equipment, and the resulting electromagnetic field, to be installed in the MOB.

Response: As stated on page 207 of the DEIR, no known health hazards are associated with exposure to Magnetic Resonance Imagery equipment. The Medical Center would design magnetic facilities (including necessary shielding) to assure that magnetic fields are within legally required standards. The Medical Center also would post warning signs at all entrances to high magnetic field areas.

C. GROWTH-INDUCING IMPACTS (DEIR Section IX)

Comment 135: The DEIR provides a limited discussion of growth-inducing impacts associated with the project, but does not adequately consider that conversion of medium density residential land use to intensive institutional land use is growth inducing.

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Response: The first sentence on DEIR page 218 states "the amendment to the Comprehensive Plan from the current High-Density Residential to Institutional or Government, Medical could set a precedent for similar assemblage of lots designated for residential use, and amendment to a designation under which non-residential uses could be developed." The discussion within that paragraph continues by stating that the Comprehensive Plan amendment from a residential land use to a designation allowing medical uses could demonstrate a demand for medical uses in the area, particularly along Howe Street to the northeast of the site, where parcels are designated for residential use under the Comprehensive Plan, but are zoned S-1 (Medical Center).

D. SUMMARY OF MITIGATION MEASURES (DEIR Section X)

Comments 20, 107, 144, and 173: The DEIR is legally inadequate because no mitigation monitoring program for the various proposed mitigations has been identified.

Response: As of January 1, 1989, public agencies were required to adopt a reporting and monitoring program for adopted or required changes to mitigate or avoid significant environmental effects as identified in an environmental project. The reporting and monitoring program is not required to be included in the EIR, but must be prepared for the changes to the project which the responsible or lead agency has adopted or made a condition of project approval. Several comments expressed concern over mitigation monitoring, but mitigation monitoring programs are typically not included in an EIR. Further, only those mitigation measures identified for environmental impacts determined to be significant are required under CEQA to be included in a mitigation monitoring program. If the project were to be approved, the Oakland City Planning Department staff would develop a program to monitor implementation of mitigation measures, once the City Planning Commission has determined which (if any) measures identified in the DEIR but not already proposed as part of the project would be required as condition of project approval. At that time, a monitoring program would be prepared for all measures to mitigate potentially significant effects.

Comment 145: Mitigation measures discussed in the DEIR were inadequate because only those mitigation measures that would not interfere with Kaiser's development plans were proposed.

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Response: The project sponsor has proposed as part of the project measures to mitigate impacts identified in the DEIR in addition to measures proposed as part of the project at the time the DEIR was prepared (see Section IV.G of this document). As discussed in the appropriate sub-sections of DEIR Section IV., and reiterated in DEIR Section V., certain significant adverse impacts of the proposed project construction and operation would be unavoidable. The commenter does not specifically identify in what way the mitigation measures included in the DEIR are inadequate, therefore a direct response to this comment is not possible. CEQA does not require that mitigation measures "interfere" with development plans. CEQA Section 15126(c) requires description of mitigation measures which could, if implemented, minimize potentially significant adverse impacts; it is often not feasible, nor is it required under CEQA, to develop mitigation measures which eliminate adverse impacts.

E. ALTERNATIVES (DEIR Section XI)

Comment 3: The Planning Commission should require a reduced-size building, to limit the impacts on the neighborhood.

Response: The comment is noted. The Planning Commission may, under its discretionary review authority, approve one of the alternatives to the proposed project (including the No-Project alternative) instead of the proposed project, upon consideration of the request for project approval and related rezoning of a portion of the project site (see also the response to Comments 142 and 264, below).

Comments 8, 16, 62, 106, 113, 130, and 170: Most noticeably lacking in the DEIR's alternatives analysis was an evaluation of purchase and redevelopment of the MacArthur/Broadway Center, an option favored by most of the comments.

Response: As stated in the response to comment above, CEQA guidelines require an EIR to set forth only those alternatives necessary to permit a reasoned choice. CEQA Section 15126 (d(5)) states that "the range of alternatives required in an EIR is governed by the 'rule of reason' that requires an EIR to set forth only those alternatives necessary to permit a reasoned choice. An EIR need not consider an alternative whose effect cannot be reasonably ascertained and whose implementation is remote and speculative." Kaiser currently leases both office and off-street parking space at the

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MacArthur/Broadway Center; however, because Kaiser does not own the site of the MacArthur/Broadway Center, and does not foresee the financial feasibility to acquire the Center in the future, consideration of the Center as an alternative site for the program proposed with the project would be an alternative whose implementation is remote and speculative.

Comments 142 and 264: Alternatives to the proposed project were not considered seriously, were handled in a cursory manner, were dismissed out of hand with inadequate explanations, or that no real project alternatives were discussed.

Response: In accordance with CEQA guidelines, the purpose of alternatives analysis in an environmental impact report is to foster informed decision-making and informed public participation. CEQA guidelines, Section 15126(d), requires an EIR to describe and evaluate comparative merits of a range of reasonable alternatives to the project that could feasibly attain the basic objectives of the project. In paragraph (d)(5), the guidelines state that the range of alternatives required in an EIR is governed by "rule of reason" that requires the EIR to set forth only those alternatives necessary to permit a reasoned choice. In paragraph (d)(1), the guidelines call for an explanation if a preferred alternative has been selected over other alternatives as a specific proposed project. In paragraph (d) (4), the guidelines state the following:

If an alternative would cause one or more significant effects in addition to those that would be caused by the project as proposed, the significant effects of the alternative shall be discussed but in less detail than the significant effects of the project as proposed.

These guidelines have been followed in the DEIR; a range of reasonable alternatives to the proposed project was provided, comparative merits of the alternatives were evaluated, and in each case reasons for rejection were stated.

The Oakland City Planning Commission has authority, in the form of discretionary review and approval responsibilities, to review project applications for approval on a case-by-case basis, and to subsequently approve as proposed, approve subject to certain conditions, or deny a proposed project. The Planning Commission may also, at its discretion, approve an alternative to a proposed project instead of the project proposed. Discretionary actions require consideration of, but are not exclusively limited by the results of, environmental impact reports. CEQA Section 15121 (a) defines an EIR as an informational document:

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An EIR is an informational document which will inform public agency decision-makers and the public generally of the significant environmental impacts of a project, identify possible ways to minimize the significant effects, and describe reasonable alternatives to the project. The public agency shall consider the information in the EIR along with other information which may be presented to the agency.

Comment 230: The DEIR does not provide information (in Alternative F) as to why the bulk of the proposed building can't be situated against the tower, sloping down toward the adjoining residential structures.

Response: The DEIR states, on page 242, that the feasibility of this alternative has been evaluated by the project sponsor. As stated on that page, the project sponsor is of the opinion that "the arrangement of interior floor spaces would be inadequate to provide the optimal movement of patients, employees and supplies possible with relatively large, continuous floor plates."

Comment 265: The proposed Alternative D, involving destruction of housing along 38th Street, is not realistic. It is an implied threat that if the neighbors do not go along with Kaiser's plans, the alternative is eviction and the destruction of their homes.

Response: The DEIR describes the reason for rejection of this alternative, on page 236, as due to the configuration of the alternative site and its distance from the Kaiser parking garage. However, in that the Alternative D site is adjacent to the existing Medical Center, which is one of the criteria in proposing the project at its site and rejecting the off-site alternatives, it is an appropriate alternative for inclusion in the DEIR.

Comment 266: In evaluating alternative sites in Oakland, Kaiser limited the search to within one block of the existing campus. PANIL understands that BART is interested in developing medical office buildings over the air space at the MacArthur BART Station.

Response: The comment is not correct. Alternatives sites adjacent to the Medical Center were evaluated as Alternative D (beginning on page 234 of the DEIR). However, properties at 3505 Broadway and 3451 Piedmont were evaluated in Alternative E (page 236); both of these properties are about three blocks from the

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existing Medical Center. Limiting potential alternative sites for this project to properties near the Medical Center is reasonable; in order for the outpatient medical programs proposed to be accommodated by the project, the proposed MOB would be required to be a physically integral part of the Medical Center, and therefore situated in close proximity to existing facilities (see DEIR Section III.G, pages 40 and 41). Even the properties at 3505 Broadway and 3451 Piedmont are considered by Kaiser to be too distant from the existing Medical Center, as discussed in the sponsors' reasons for rejecting the off-site alternatives in the DEIR. See also item (6) in Section II Staff-Initiated Changes of this document.

Comment 267: PANIL believes that a combination of Alternative B (reduced scale) and Alternative F (alternative design), with full mitigation as described in comments on the DEIR, would be a reasonable alternative. Without serious consideration of these alternatives in the DEIR, the Planning Commission cannot intelligently analyze the project.

Response: The comment is the opinion of the commenter, and is so noted. As discussed in the response to Comment 142 and others above, the DEIR alternatives analysis followed the appropriate CEQA Guidelines. The DEIR also presented, as required by CEQA, the sponsor's reasons for rejection of Alternative B and of Alternative F. The Planning Commission may approve one of the alternatives to the proposed project, under its discretionary powers in considering project approval.

F. ADOPTION OF MITIGATION MEASURES AS PART OF THE PROJECT

Following are changes made to the Draft EIR, in response to comments on the Draft EIR prepared by Kaiser Permanente Administration, regarding mitigation measures identified in the DEIR and now proposed as part of the project. Changes made to DEIR Section IV., Environmental Setting, Impacts and Mitigation Measures are identified below. The identical changes to text in DEIR Section II., Summary, and DEIR Section X, Summary of Mitigation Measures, are made by reference as appropriate.

LAND USE, COMPREHENSIVE PLAN AND ZONING (DEIR Section IV.A)

Response to Comment 277: Comment are noted. Insert the following on DEIR page 64, under mitigation measures Proposed as Part of the Project, immediately before the heading Additional Measures Identified in this Report:

- To the extent feasible, the Medical Center would make the two single-family residential structures within the project site available for relocation to residential areas in Oakland.
- The Medical Center would pay a moving allowance of \$1,500 to the current tenant to cover actual documented costs associated with finding and moving to new accommodations within the nine-county Bay Area. Alternatively, the tenant may elect to receive a moving allowance of \$500 in cash without the need to substantiate any costs.

The first paragraph (bulleted) under the heading Additional Measures Identified in this Report is deleted. The second paragraph under the heading is moved to immediately after the first paragraph of the new insert, described above. The heading, and the current third and fourth paragraphs beneath it, are deleted.

URBAN DESIGN, VISUAL QUALITY AND SHADOWS (DEIR Section IV.B)

Response to Comment 278: Comments are noted. Insert the following on DEIR page 84, under mitigation measures Proposed as Part of the Project, immediately before the heading Additional Measures Identified in this Report:

- The Medical Center would provide a landscaped buffer at the northwest site boundary.
- The Medical Center would shield exterior lights so that the light is directed away from adjacent residential structures. Exterior lights along pedestrian walkways would be shielded and directed downward. Spotlighting of building walls and landscaped areas would be avoided, except as necessary for safety and security purposes.

The first and third paragraphs (bulleted) under the heading Additional Measures Identified in this Report are moved to become the second and third paragraphs (bulleted) under the heading Proposed as Part of the Project. The second and fourth paragraphs under the heading Additional Measures Identified in this Report, and the heading itself, are deleted.

HISTORIC AND ARCHITECTURAL RESOURCES (DEIR Section IV.C)

Response to Comment 279: Comment is noted. On DEIR page 88, the heading Additional Measures Identified in this Report is deleted, and is replaced with the heading Proposed as Part of the Project. The following is added to the end of the paragraph (bulleted) under that heading:

... provided that the residence would be relocated off the project site at least thirty days prior to the commencement of construction.

TRANSPORTATION, CIRCULATION AND PARKING (DEIR Section IV.D)

Response to Comment 280: Comments noted. Insert the following on DEIR page 143, under the heading Existing Conditions, and immediately before the heading 'Measures Identified in this Report':

Measures Proposed as Part of the Project

- If desired by the City of Oakland Traffic Engineering Department, the Medical Center would implement directional improvements along Howe Street that could include restriping the southbound Howe Street approach at MacArthur Boulevard to provide two left turn lanes and one right turn lane, each 180 feet in length.
- If desired by the City of Oakland Traffic Engineering Department, the Medical Center would support a timing modification of the existing traffic signal at the intersection of MacArthur Boulevard and Howe Street to provide a protected eastbound left-turn phase from MacArthur Boulevard.
- If desired by the City of Oakland Traffic Engineering Department, the Medical Center would stripe Howe Street to provide passenger drop-off/pick-up areas for 120 feet on the west side of Howe Street between the southern crosswalk and the emergency vehicle lot exit driveway, and for forty feet along the east side of Howe Street north of the southern pedestrian crosswalk.

On DEIR page 143, in the fourth paragraph (bulleted) under the heading 'Measures Identified in this Report', delete the second through seventh sentences. Delete the fifth and sixth paragraphs (bulleted). Move the second paragraph under that heading to under the heading 'Measures Proposed as Part of the Project'.

Insert the following on DEIR page 144, under the heading Project Impacts, and immediately before the heading 'Measures Identified in this Report':

IV. Responses to Comments on the Draft EIR

Measures Proposed as Part of the Project

- If desired by the City of Oakland Traffic Engineering Department, the Medical Center would move the northern Howe Street pedestrian crosswalk 65 feet to the north and directly opposite the pedestrian access to the employee parking structure.
- If desired by the City of Oakland Traffic Engineering Department, the Medical Center would modify both the northern and southern crosswalks on Howe Street to provide a slightly elevated surface.
- If desired by the City of Oakland Traffic Engineering Department, the Medical Center would stripe and sign a 100-foot passenger pick-up/drop-off area on the west side of Howe Street adjacent to the proposed MOB as shown in Figure 38 of the DEIR.
- The Medical Center would support the placement of a highly visible sign on the 41st Street westbound approach at Howe Street, indicating that through traffic should use 40th Street.
- The Medical Center would install signs at appropriate places directing people to the tunnel in the Medical Center and the 3772 Howe Street building.
- The Medical Center would develop and implement a comprehensive Transportation System Management (TSM) plan that would apply to the entire medical center. Elements of the plan may include the provision of reduced cost parking and preferential spaces for employees who rideshare, the designation of several locations for preferential spaces, the encouragement of employees to park in off-street parking garages and lots, and the provision of safe and secure bicycle parking for employees who wish to commute by bicycle.
- In conjunction with the TSM program, the Medical Center would develop and implement procedures for increasing the parking occupancy of the Medical Center off-street parking garages and lots, which could include the following:
 - a) reducing the price of parking in the patient/visitor garage on Howe Street;
 - b) placing parking vacancy signs outside the patient/visitor garage on Howe Street when occupancy is below 95 percent; and
 - c) improving the internal signage for the patient/visitor garage on Howe Street to more clearly guide motorists to all available garage parking spaces.
- In conjunction with the TSM program, the Medical Center would monitor the occupancy of off-street and on-street parking in the project site vicinity in its effort to develop procedures for increasing the parking occupancy of the Medical Center leased and maintained off-street parking garages and lots.
- The Medical Center would limit access between 38th Street/Cerrito Avenue and the Medical Center to employees and residents of the 38th Street/Cerrito Avenue neighborhood with a gate such as that currently in operation.

On DEIR page 146, under the heading 'Measures Identified in this Report', delete the fifth paragraph (bulleted).

AIR QUALITY (DEIR Section IV.E)

Response to Comment 281: Comments are noted. Insert the following on DEIR page 159, immediately before the heading Measures Identified in this Report:

Measures Proposed as Part of the Project

The Medical Center would continue to utilize the policies it has developed that encourage the use of recycleable materials associated with employee, patient and visitor food service.

Move the heading Measures Identified in this Report to DEIR page 161, immediately before the second sentence of the first indented paragraph below the second bulleted item. Move the third and fourth bulleted paragraphs on DEIR page 161 to immediately before the heading Measures Identified in this Report. Delete the sixth bulleted paragraph on DEIR page 161.

NOISE (DEIR Section IV. F)

Response to Comment 282: Comments are noted. Insert the following on DEIR page 169, immediately before the heading Measures Identified in this Report:

Measures Proposed as Part of the Project

- The Medical Center would limit noisy construction activities to the period between 8:00 a.m. and 6:00 p.m., Monday through Saturday.

On DEIR page 169, move the first sentence of the third bulleted paragraph, and move the fourth bulleted paragraph under the heading Measures Identified in this Report, to under the heading Measures Proposed as Part of the Project. Insert the following immediately after the moved first sentence of the third bulleted paragraph:

Alternatively, the general contractor could locate stationary equipment in pits or excavated areas, which would serve as noise barriers.

IV. Responses to Comments on the Draft EIR

GEOLOGY, SOILS AND SEISMOLOGY (DEIR Section IV.G)

Response to Comment 283: Comments are noted. Insert the following on DEIR page 174, immediately before the heading Measures Identified in this Report:

Measures Proposed as Part of the Project

- Consistent with the Medical Center's standard practices, the Medical Center would prepare an emergency response plan for the proposed MOB. Periodic drills for Hospital employees would be conducted and a safe outdoor area for evacuation would be designated.
- The project would be constructed in conformance with the seismic and life safety standards of the Uniform Building Code.

On DEIR page 174, the heading Measures Identified in this Report is deleted. On DEIR page 175, the fourth full (last) bulleted paragraph is deleted.

HYDROLOGY (DEIR Section IV.H)

Response to Comment 284: The comments are noted. Insert the following on DEIR page 178, immediately before the heading Measures Identified in this Report:

Measures Proposed as Part of the Project

Move the first and second paragraphs (bulleted) under the heading Measures Identified in this Report to under the heading Measures Proposed as Part of the Project.

PUBLIC SERVICES AND UTILITIES (DEIR Section IV.I)

Response to Comment 285: Comments are noted. Replace the heading 'Measures Identified in this Report' with the heading 'Measures Proposed as Part of the Project' on DEIR pages 180, 182, and 184. Delete the first bulleted paragraph on DEIR page 184, and replace it with the following:

- If required by the East Bay Municipal Utility District (EBMUD), the Medical Center would install a supply main on Howe Street, to the extent required by an EBMUD survey, to serve project-generated demands for water.

IV. Responses to Comments on the Draft EIR

ENERGY (DEIR Section IV.J)

Response to Comment 286: Comments are noted. Delete the heading Additional Measures Identified in this Report on DEIR page 192. Delete the second bulleted item on page 192, and replace it with the following:

- The following measures would be incorporated into the project where feasible, to reduce energy consumption associated with building operation.

PUBLIC HEALTH AND SAFETY (DEIR Section IV.K)

Response to Comment 287: Comments are noted. No response necessary.

OTHER MITIGATION MEASURES

Response to Comments 288 and 289: Comments are noted. No response necessary.

Response to Comments 290 and 291: Comments are noted. See Section II Staff Initiated Text Changes, of this document regarding appropriate correction of DEIR text.

V. LETTERS AND TESTIMONY RECEIVED

A. LETTERS AND OTHER WRITTEN COMMENTS

Charlie

CITY OF OAKLAND
Interoffice Letter

EC 28-45

To: City Planning Attention: Alvin James Date: August 31, 1990

From: Jerry E. Blueford, Fire Marshal

Subject: Kaiser Permanente Medical Office Building EIR

The project site has adequate access and the capability of providing the necessary water flow for fire protection.

The project site and building plans shall be reviewed by the Oakland Fire Prevention Bureau as a part of the project design process prior to actual project approval to ensure adequate fire prevention equipment and access is available for emergency fire fighting and to ensure that applicable state and local codes are satisfied.

1

Very truly yours,

Jerry E. Blueford

JERRY E. BLUEFORD
Fire Marshal

JEB:gmj

CERTIFIED MAIL--RETURN RECEIPT REQUESTED
RETURN RECEIPT NO. P 581 512 389

Mr. Bill Quesada, Assistant Planner
and
The Oakland City Planning Commission
421 14th Street
First Floor
Oakland, CA 94612

Re: Comments on the Draft
Environmental Impact
Report (DEIR) for the
Proposed Kaiser Medical
Office Building (MOB) to
be located on Howe
Street, City of Oakland
File No. ER88-45

September 15, 1990

Dear Mr. Quesada and Honorable Commissioners,

The above document explains why life on Howe Street has been severely impacted by the existing Kaiser Medical Center "Campus." Now Kaiser is proposing to further encroach into the neighborhood without providing any additional parking or any realistic and proven pollution controls for a building of 123,000 square feet. The building doesn't fit into the small site; it pushes its impacts onto the public streets and into the lungs and lives (or deaths as the case may be) of residents and passersby.

I am a member of the Piedmont Avenue Neighborhood Improvement League and concur with PANIL's analysis and critique of the Draft Environmental Impact Report. However, I would like to provide the following individual input for your consideration of the proposed Kaiser Medical Office Building (MOB) environmental document. Unfortunately I will be unable to attend the September 19, 1990, meeting due to an out-of-town business trip.

I have no driveway or parking at my house. The City of Oakland has granted variances to at least two multi-unit conversions/add ons recently (a four-plex next door and a six-plex on Cerrito Street). Neither were required to provide additional parking. The City of Oakland cannot continue approving projects with no provision for parking without inviting lawsuits.

As the DEIR records, parking is a mess and gets worse on Howe Street every day. A large part of the problem is Kaiser (half or more of all on-street parking spaces are already used by Kaiser). Any new building should be required to have the full contingent of

2

1

off-street parking. There is almost no room in the existing parking garages, as documented in the DEIR yet ignored by the DEIR authors, who state that parking for the MOB will be provided in the garages (only 30 spaces will be available for the new project).

I would also urge the Commission to look carefully at the option of requiring a reduced-size building, or at least limiting the size of the building to that originally proposed in the notice of preparation of the environmental document (86,000 square feet), to limit the severe impacts on the neighborhood, from parking to pollution.

I have a history of cancer in my family. One of the depressing aspects of reading the draft environmental document was discovering that Kaiser has been releasing known and suspected carcinogens. The DEIR does not adequately address these releases. I live downwind of the massive existing hospital tower. Between the toxics and the unhealthful air resulting from increased traffic and carbon monoxide emissions due in large part to Kaiser, I have come to the conclusion that Kaiser has been less than a good neighbor.

The attached sheet was left outside on my front porch for two weeks. It shows the visible pollution. Yet Kaiser's consultants report that particulate matter is within air quality standards. This may be true, but it is already dirty and unhealthy on my street due in large part to traffic generated by the existing Kaiser "campus."

A bigger problem is invisible: carbon monoxide--a poisonous gas that cannot be seen or smelled, but that is lethal. The Environmental Impact Report states that existing levels occasionally exceed the standard. It also states the standard will be exceeded under all development alternatives except the no-project alternative (A) and Alternatives B and C. I realize the no-project alternative will most likely not be given serious consideration. My request is that you grant only Alternatives B or E so that the Howe Street and other neighbors might live with less pollution and Kaiser might actually carry out its mission of making its patients and staff more healthy instead of endangering their health.

The proposed mitigation of developing a ride share program is not enough and will not reduce emissions to a safe level. Kaiser has acted irresponsibly by not instituting such a program already. Results must be proven before the City accepts such a program as mitigation for Kaiser-generated pollution. With a projected increase of 20,000 new members at Kaiser Oakland, and 411 new staff, this problem is a permanent one. Please do not give City approval to unhealthful pollution that can be avoided.

Kaiser has been growing up the block for the eleven years that I have lived here. Kaiser is a cancer in the neighborhood. I have heard some people describe the proposed building as a

"blockbuster." I have also watched Kaiser's public relations staff say over and over again that there are no additional plans for growth, this (fill in the blank for the current project) is it. The statements become untrue after a short passage of time.

For this reason, I would like to urge the Commission to consider requiring Kaiser to formulate and then stick to a master plan that addresses both future space needs and the environmental and neighborhood impacts of future development, to be developed with neighborhood input. Kaiser currently uses half of all on-street parking spaces and is releasing and causing the unhealthy release of too many pollutants because such a plan has never been required. Yet apparently city staff considers the project adequately mitigated with the proposed INCREASED USE OF ON-STREET PARKING by Kaiser and violations of state and federal pollution standards made more severe. Kaiser may be providing cheap health care for many people, but it is slowly killing its neighbors.

Kaiser has not given serious consideration to the alternatives of the purchase and development of the MacArthur/Broadway Center, where parking already exists, or adding facilities at other less-dense and less-polluted campuses to reduce impacts. The DEIR should identify and analyze these alternatives. Development at the M/B Center would direct growth toward the existing medical uses on Pill Hill instead of into the neighborhoods. Such clustering of land uses would represent sound city planning and help achieve the city's stated goal of housing preservation.

Kaiser is destroying the residential portion of lower Howe Street. To Kaiser's credit, they did listen to the suggestions of the Piedmont Avenue Neighborhood Improvement League, in that proposed mitigation includes the suggestion that the City consider rezoning the rest of Howe Street from S-1 overlay to the underlying R-70 only zoning. Please make this change a prerequisite to approval of the proposed project.

I am also concerned about the impacts during construction. I realize they will be temporary and are therefore less important. But for those of us who live in Kaiser's soon-to-be-longer shadow, two simple measures would be greatly appreciated. These are, first, to limit construction activity to Monday through Friday. Second, to make mandatory the routing of all construction traffic via MacArthur Boulevard--NOT via Howe Street heading toward the hills (onto the residential section).

My last concern is the design of the building. It is projected to be 63 feet tall on my end of Howe Street. It forms a large ugly box (see the photomontage in Figure 15). I would like to request that the Commission consider placing the open space along Howe Street at the upper end rather than the middle of the proposed building and increase the set back to be provided next to the existing 3-story apartment building on Howe Street. This would

soften the imposing massiveness of the huge and institutional "blockbuster" effect at the edge of the residential segment of Howe Street. Requiring a ten-foot set back above the third floor, as is required on the Cerrito Street side, would also greatly assist in softening the building's lines on Howe Street.

In conclusion, I appreciate the Commission's consideration of my comments. I earnestly request your help in keeping further negative impacts of the Medical Office Building project within acceptable levels. This could be accomplished by:

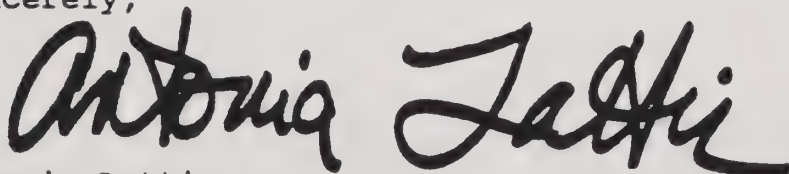
1. requiring Kaiser to develop, in consultation with neighborhood groups, and to implement, a long-term master plan for the entire Kaiser "campus" to address future space needs and mitigation of the environmental and neighborhood impacts BEFORE THE PROPOSED BUILDING IS APPROVED. (7)
2. requiring Kaiser to identify and quantify all substances being released to the neighborhood, not just the known toxic compounds that are now regulated. 13
3. requiring Kaiser to install pollution control equipment NOW on the hospital sterilizer to reduce the level of Toxic Air Contaminants released to the surrounding neighborhoods as a condition of the proposed future expansion (no catalytic oxidation system or acid scrubber exists at present). 14
4. requiring Kaiser to implement and document results of traffic (and pollution) reducing measures before the new MOB is approved. 15
5. approving only Alternative A, B, E, or the development of facilities at the existing MacArthur/Broadway Center. If Alternative B is approved, it must include additional off-street parking at the new facility. 16
6. requiring that Kaiser provide 475 spaces of FREE parking on-site at the MOB, if the proposed full-size project, rather than an alternative, is approved. 17
7. changing the remainder of Howe Street to be R-70 zoning only (removing the S-1 overlay designation) as a condition of approval of the MOB project. 18
8. requiring the establishment and enforcement of a residential permit parking only zone in the area near the new Medical Office Building, with all costs to be paid by Kaiser in perpetuity, and to include provisions for on-street parking by visitors of neighborhood residents. 19

9. requiring all construction traffic to be routed via MacArthur Boulevard (not onto the residential section of Howe Street). (11)
10. limiting construction activities to Monday through Friday only. (10)
11. requiring all mitigation measures to be defined in the EIR and to be monitored in perpetuity at Kaiser's expense to assure compliance with environmental requirements. Also requiring that Kaiser pay for the City's administration of the monitoring program and for any collection expenses for fines arising from noncompliance. 20
12. requiring the provision of landscaped, open space areas at the interface between the residential segment of Howe Street and the MOB. (12)
13. requiring a 10-foot setback above the third floor to reduce the "blockbuster" massiveness along Howe Street. 21

Perhaps with these measures, some future inhabitant of the Piedmont Avenue Neighborhood may consider Kaiser a good neighbor.

Thank you for your consideration.

Sincerely,



Antonia Lattin

3860 Howe Street
Oakland, CA 94611
(415) 547-4672

Attachment (showing visible pollutants deposited on paper placed outside Howe Street residence)

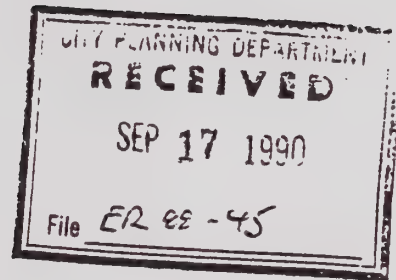
cc: City Council Member Mary Moore
505 14th Street
Suite 642
Oakland, CA 94612

PANIL
c/o J. Lee
110 41st Street
Oakland, CA 94611



Oakland
Chamber of
Commerce

475 14th Street
Oakland, CA 94612-1903
Telephone: 415/874-4800



September 17, 1990

Mr. Gordon Henderson
Chairman & Members of the
City Planning Commission
City of Oakland
1330 Broadway, Room 310
Oakland, CA 94612

Subject: Draft Environmental Impact Report for Proposed 123,000
s.f. Medical Office Building, on Howe Street, Northerly of Kaiser
Permanente Medical Center. Item 27 File ER 88-45 Planning
Commissioner Agenda September 19, 1990.

Dear Chairman Henderson:

The Board of Director of the Oakland Chamber of Commerce urges
that you favorably consider the draft Environmental Impact Report
(DEIR) for a proposed 123,000 s.f., four story medical office
building, to be constructed on the west side of Howe street
adjacent to the present Kaiser Permanente Medical Center.

This needed proposed addition for Kaiser Hospital would improve
medical service to the community by providing state-of-the-art
office and treatment rooms for the medical staff to meet the
increasing needs of the community. In a detailed presentation to
our Planning and Construction Committee and also to the Board of
Directors last spring, it was demonstrated that currently many
doctors and medical professionals are doubling and in some cases
tripling up in the use of offices requiring long delays for
patient care and back up facilities to provide the care that is
necessary in todays modern medical environment.

Gordon Henderson
September 17, 1990
Page Two

We also urge that you approve an amendment to the general plan for rezoning approximately 7,100 s.f. to the S-I Medical Center Special Zone in order to complete this project. We are also concerned that since this project has been under development and review for the last three or four years, that all efforts be made to assist the applicant and their consultants in expediting the EIR approval process and to help in every way to meet the applicant's construction schedule.

22

Thank you.

Sincerely,



Ted Dang
Chairman

cc: Alvin James, Director, City Planning
Tom Doctor, Assistant City Planner
Dan Scannell, Director of Public Affairs, Kaiser Fd.
HealthPlan, Inc.
Bob Eisenman, Director of Community Relations, Kaiser Fund
HealthPlan, Inc.
Tom De Martino, Administrator, Kaiser Permanente Hospital
Ron Trelevien, Director, Public Affairs, Kaiser Permanente
Hospital

CHAMBER OF COMMERCE

Jim Ishimaru, Director, Economic Affairs
Rosemary Mueller, Chair, Planning & Const. Committee
Don Barber, President CEO
John K. Christensen, Manager, Economic Development

JC:klw

DRAFT

Distinguished Members of the
Oakland City Planning Commission
421 14th Street
First Floor
Oakland, CA 94612

Re: Draft Environmental Impact Report (DEIR) for the Proposed
Kaiser Medical Office Building (MOB) to be located on Howe
Street, City of Oakland File No. ER88-45

September 19, 1990

Dear Commissioners,

We realize that the Kaiser Medical Center provides a valuable service by providing health care to the residents of Oakland and the greater Bay Area and by providing jobs in the local economy. However, in many respects Kaiser is not a good neighbor, as documented in the Environmental Impact Report and discussed below. Kaiser should only be allowed to construct additional facilities if adequate mitigation of substantial environmental impacts is provided. The Piedmont Avenue Neighborhood Improvement League (PANIL) would therefore like to submit the following comments on the Draft Environmental Impact Report.

~~ALL FACILITIES VS. MOB ONLY IMPACTS~~ INCONSISTENT ANALYSIS

First, and foremost, the document is confusing and inconsistent because it considers the proposed 123,000 square-foot new Medical Office Building (MOB) from two differing perspectives: on one hand as part of the larger Kaiser "campus" and on the other hand as an independent and incremental development. Thus, the document does not consider the total environmental impact of the entire campus, yet assumes the parking facilities of the entire campus will be applied to the new building. The approach must be one or the other: consideration of all Kaiser's facilities together, including the MOB, or consideration of the MOB alone.

The Piedmont Avenue Neighborhood Improvement League would urge the Planning Commission to require Kaiser to develop a

long-term master plan for this and any future development if the entire "campus" is to be assessed. This would also allow the neighborhood to be involved in the planning of facilities and the mitigation of neighborhood impacts. Time and again, with each Kaiser development, we are told that Kaiser has no further development plans, yet a few years later, a new proposal arises and is eventually built without a comprehensive analysis of the impacts. Kaiser is growing; it is unrealistic and irresponsible to assume no future plans have been or will be considered. The Environmental Report already projects a 10 percent increase in Kaiser's population over the next ten years. Why hasn't growth for the typical life of a building--30 years--been assessed?

It is because of a just such a lack of planning for the entire "campus" that half of all on-street parking facilities are now used by Kaiser. Kaiser assumes this is acceptable and even proposes to increase its use of on-street parking (Page 218). PANIL adamantly opposes this assumption.

PARKING

Second, if the MOB alone is to be considered, all environmental impacts must be mitigated. This includes the provision of off-street parking AT OR IMMEDIATELY ADJACENT TO the MOB. The existing parking garages are already used extensively. With the standard assumption of 95% occupancy (Page 110), there are only 42 "excess" spaces which can be used for the MOB-generated parking demand. Since the proposed development is eliminating a net 12 off-street parking spaces and some on-street parking spaces, only 30 spaces are effectively provided for the new development.

The consultant's analysis of off-street parking is flawed in three ways. It assumes the parking garages will provide the needed 299 off-street spaces (Page 62). The 299 spaces are based on 1992 staffing levels rather than the much-greater ultimate expected staffing level over the life of the building. And the implication that leased spaces in the MacArthur/Broadway Center can be used to offset MOB-generated demand violates the Zoning Regulation Section 7535(a) stipulation that parking be provided within 300 feet of the activity.

No one goes to Kaiser without having to wait; few if any visits can be accomplished in half an hour. The existing fee structure in the Kaiser parking garages keeps people from fully using the facility. Only the first half hour is free; each additional half hour is 50 cents (Page 101). For those unlucky people who have to be at Kaiser for 8 hours, the fee is \$8.50.

The DEIR presents three different methodologies for assessing the new building's required parking facilities, then discounts all of them, including the City of Oakland's zoning requirements. Attachment 1 to this letter uses each methodology to calculate the parking spaces adequate to meet MOB-generated demand; a total of from 506 to 366 off-street parking spaces. The DEIR did not calculate these numbers. The document describes

no "significant" impacts with Kaiser's proposal of:

- ** no new parking facilities for the 123,000 square-foot building
- ** a projected 10-year deficit of 141 spaces, using a hybrid calculation of demand that is less than each of the three established methodologies (no estimate of demand in 30 years is given) and the assumption below
- ** an assumed continued leasing of existing spaces in the MacArthur/Broadway Center (current lease expires in 1996), located over 300 feet from the proposed building site
- ** increased use of on-street parking by Kaiser (existing use of on-street parking spaces is already 48%)

It should also be noted that the first survey of on-street parking use resulted in data indicating that over one-fourth of Kaiser's patrons and employees using on-street parking (Appendix C, 7-31-89 Survey, Analysis of Variable 8). A second survey was done since this value was "higher than reasonable" (Page 93). The second survey showed about one-fifth of the Kaiser drivers parked on local streets (Page 107). The reported use of 314 on-street parking spaces by Kaiser can therefore be considered a lower-end estimate (Page 112).

TOXIC POLLUTION

Third, the DEIR fails to consider the added release of toxics due to the increased population served by Kaiser with the addition of the MOB. The fact that Kaiser now releases almost 150 pounds of Toxic Air Contaminants (TACs) to the neighborhood is discussed in only one paragraph on Page 155--nowhere else in the document. Kaiser currently releases to the surrounding neighborhood almost 150 pounds of Toxic Air Contaminants (TACs) due to releases from the hospital sterilizer (140 pounds of ethylene oxide), from the morgue (5 pounds of formaldehyde), and from other operations (less than 1 pound of the extremely toxic benzene and polynuclear aromatic hydrocarbons). Not reported in the document is the fact that benzene is a known carcinogen and formaldehyde is a suspected carcinogen.

The Environmental Report does not address the increases in these releases that will occur with the proposed increased population of Kaiser members (about 10.1 percent by the year 2002; no estimate given for the year 2022) made possible by the MOB expansion. It also does not consider the possibility of conducting some toxics-producing operations off-site to reduce such emissions in the Piedmont Avenue Neighborhood.

CARBON MONOXIDE POLLUTION

Fourth, the proposal assumes acceptance of continued failure to meet state and federal pollution standards for allowable carbon monoxide emissions due to increased traffic. The

additional volume exceeds the critical impact threshold under all development alternatives except A (no project) and B and C (total building size reduced by one-half). Nothing in the report indicates Kaiser's employee population can be induced to ride-share, bicycle, and switch to public transit commuting to effect a reduction capable of limiting the additional carbon dioxide emissions to less than another 530 pounds/day.

An estimated 11,400 vehicles travel Howe Street daily (Page 90); a large percentage of these trips are generated due to Kaiser. This is the equivalent of what the eight-lane State Highway 24 carries during the peak commute hour (Page 88). Heavy traffic in the Kaiser "campus" area causes carbon monoxide pollution to exceed allowable 8-hour federal and state levels (Page 160). The project as proposed will generate another 780 pounds/day of carbon monoxide (Page 158), well in excess of the significant pollution threshold level of 530 pounds/day (Page 158).

CONSTRUCTION DISRUPTION

Fifth, the document fails to consider the routing of construction vehicles and equipment so as to partially mitigate the increased noise, traffic, disruption, and increased wear on the street surfaces. All construction traffic should be routed onto MacArthur Boulevard instead of east onto the residential portion of Howe Street. Although not defined in the document, it appears that the construction period will be two years. That is many hours of neighborhood disruption.

The facts in the Draft Environmental Impact Report support only three alternatives if Kaiser is to be held accountable for additional pollution, traffic, congestion, and other impacts to neighborhood residents: A (no project), E (use of existing buildings), or B (reduced size new building--feasible if and only if off-street parking is provided at the MOB site).

Table S-1 incorrectly summarizes the environmental impacts of the project with the proposed mitigation as "reduced to less than significant levels." Most of the Piedmont Avenue Neighborhood, and especially Howe and Cerrito Streets, being downwind of the hospital exhaust fans, get the brunt of Kaiser's existing and soon-to-be-increased pollution. This combined with the increased traffic, congestion, noise, on-street parking competition, and litter (from blood-stained bandaids and cotton balls to disposable diapers from patients at the pediatrics department) will make Kaiser a lethal neighbor unless the Planning Commission requires full mitigation of the development.

PANIL therefore requests the following specific measures.

1. Require Kaiser to develop a 30-year master plan, to include the currently proposed Medical Office Building on Howe Street, how additional encroachment into residential and commercial portions of the Piedmont Avenue Neighborhood is to be avoided, adequate provisions for parking over the entire 30-year period with reduced rather than increased on-street parking use, and a plan to reduce toxic air contaminants and Kaiser-generated traffic pollution and congestion.
2. If such a master plan is not required, limit the allowed development to Alternatives A (no project), B (use of existing buildings), or B (reduced-size building WITH full provision of off-street parking at the MOB site based on the square footage of the new building).
3. If development is not limited to a reduced-size building, require the following measures.
 - (a) assessment of impacts using the 30-year expected life of the MOB instead of the limited analysis of only 10 years,
 - (b) plan to reduce rather than increase the release of toxic air contaminants due to the additional Kaiser members and incremental increase in toxics-producing services generated by construction of the MOB,
 - (c) provision of at least 400 off-street parking spaces at the MOB site,
 - (d) making the entrance to the off-street parking and patient drop-off from Broadway to relieve congestion and carbon monoxide pollution on Howe Street,
 - (e) the establishment of a residential permit parking program on all Kaiser-impacted neighborhood streets (defined in the DEIR as the area bounded by 41st Street, MacArthur Boulevard, Manila Avenue, and 500 feet east of Piedmont Avenue)
 - (f) the designation of all on-street parking spaces in the area defined in Item (e) as 1 hour time limit zones,
 - (g) Kaiser to provide funding for the City's posting and enforcement of the 1-hour time limit in Item (f) and for the City's administration of the permit program in Item (e),
 - (h) removal of the S-1 overlay from the remainder of the Howe Street zoning (zoning would be R-70) to limit additional encroachment into the neighborhood,

- (i) all off-street parking (both at the MOB site and in the existing parking garages) to be provided free of charge to remove incentives for on-street parking,
- (j) limiting construction activity to the hours of 9:00 am to 6:00 pm on weekdays and 10:00 am to 5:00 pm on Saturdays rather than the proposed 8:00 am to 6:00 pm Monday through Saturday, and
- (k) routing all construction traffic via MacArthur Street instead of east on Howe Street through the residential area of the street.

We would like to thank Kaiser's staff for meeting and working with us on this project. All of the general concerns discussed above have been discussed at prior meetings. This is the first chance the neighborhood has had to see specific environmental impact information and then to provide specific comments, concerns, and recommendations. We look forward to a dialogue with the City and with Kaiser representatives concerning the specifics of the proposed development.

Thank you for your consideration.

Sincerely,

Chris Peebles
Chairman
Piedmont Avenue Neighborhood Improvement League

Attachment: Needed parking calculations not included in the DEIR

cc: The Honorable Mary Moore
City Council Member
505 14th Street
Suite 642
Oakland, CA 94612

FROM: KAISER ADMINISTRATION

TO:

4152352332

SEP 10, 1990 10:41AM #517 P.10

ATTACHMENT

Parking Needed as a Result of the Full-Size Medical Office Building (MOB) Development

Three methodologies are presented in the Draft Environmental Impact Report to determine the need for additional parking concerning the MOB. Yet the Report ignores all three and proposes no off-street parking for the facility, a reduction of existing on- and off-street parking, and a 10-year deficit of 141 spaces of available parking due to the development. No estimate of the deficit of parking by the end of the typical 30-year life of a building is provided. Without such an analysis, use of a hybrid methodology is questionable.

The three methods of analysis listed but not seriously considered in the DEIR result in the following MOB off-street parking needs:

506 parking spaces using the Institute of Transportation Engineers rate for medical office buildings of 4.11 stalls per 1,000 gross square feet ($4.11 \times 123,000 / 1,000$) (Page 132),

425 parking spaces using Kaiser's own Project Standards Manual ($1952 \times 218,000 / 198,000$) - 1724 existing spaces (Pages 133-34), and

366 parking spaces using the City of Oakland parking requirements for outpatient services (Page 133) and projected 2002 staffing levels at the MOB (82 doctors \times 3) (240 other staff / 2).

Even with the use of the "excess" 42 spaces in the existing parking garage to offset the net loss of 12 spaces and the new demand, the new facility should include 476, 395, or 336 spaces, respectively. For comparison, Kaiser's consultants calculated the increase in parking demand due to the MOB would only be 263 stalls (Page 137) or 299 stalls (Page 62) and that 141 additional stalls would be needed, assuming the spaces located over 300 feet from the site in the MacArthur Center are applied to MOB demand, in violation of the zoning regulations, but WOULD NOT BE PROVIDED. If the existing short-term lease of parking spaces in the MacArthur/Broadway Center could not be renewed, the deficit would be 339 spaces, assuming no growth in Kaiser's membership and staff after the next ten years (Page 140). No rationale for not providing the additional needed spaces was included in the report.



BAY AREA RAPID TRANSIT DISTRICT
800 Madison Street - Lake Merritt Station
P.O. Box 12688
Oakland, CA 94604-2688
Telephone (415) 464-6000

September 26, 1990

Oakland City Planning Commission
One City Hall Plaza
City Hall, 6th Floor
Oakland, CA 94612

NELLO BIANCO
PRESIDENT

ERLENE DeMARCUS
VICE-PRESIDENT

FRANK J. WILSON
GENERAL MANAGER

Subject: Draft Environmental Impact Report (EIR)
for Kaiser Permanente Medical Office Building

Dear Sirs/Madams:

DIRECTORS

JOE FITZPATRICK
1ST DISTRICT

NELLO BIANCO
2ND DISTRICT

SUE HONE
3RD DISTRICT

MARGARET K. PRYOR
4TH DISTRICT

ERLENE DeMARCUS
5TH DISTRICT

JOHN GLENN
6TH DISTRICT

WILFRED T. USSERY
7TH DISTRICT

ARLO HALE SMITH
8TH DISTRICT

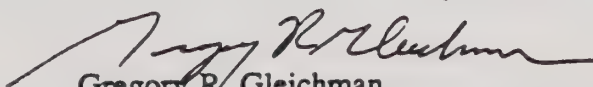
MICHAEL BERNICK
9TH DISTRICT

BART appreciates the opportunity to review and comment on the subject EIR.

On page 144, the document identifies measures that would reduce the traffic impacts and parking demand. These measures include subsidy of a BART shuttle, promotion of transit information and distribution of transit passes. BART encourages the City to require implementation of the aforementioned measures. In addition, BART suggests that transit passes be subsidized by the project proponent, and that all of the measures be actively promoted to employees and visitors to the project site.

If you have any questions regarding our comments, please contact Harley Goldstrom at 464-6194. For more information regarding promotion of BART services and tickets, please contact Kay Springer, Manager of Passenger Services at 464-7133.

Sincerely,


Gregory R. Gleichman
Manager of Service Integration

cc: Kay Springer, Manager of Passenger Services
Ward Belding, Department Manager of Planning
Harley Goldstrom

c:\net\enr\kaiser\ir.ltr

23

Memorandum

To : Dr. Gordon F. Snow
Assistant Secretary for Resources

Date : September 26, 1990

Mr. Bill Quesada
City of Oakland, Planning Department
1330 Broadway, Suite 310
Oakland, CA 94612

Subject: Draft Environmental
Impact Report for the
Kaiser Permanente
Medical Office Bldg.,
SCH# 90030072

From : Department of Conservation—Office of the Director

The Department of Conservation's Division of Mines and Geology (DMG) has reviewed the Draft Environmental Impact Report (EIR) for the Kaiser Permanente Medical Office Building. The project will construct approximately 39,600 square feet of new medical office space. The project site is located adjacent to the existing Kaiser Permanente Hospital in Oakland, California. The main potential geologic hazard associated with the project site is ground shaking from earthquakes. We offer the following comments on the Draft EIR.

The peak ground acceleration obtained from Greensfelder's map (1974) does not adequately characterize the seismic hazard of the project site. The Draft EIR (page 172, paragraph 3) states that the peak ground acceleration for the site is 0.5g, based on Greensfelder (1974). While Greensfelder's map of rock accelerations is useful for preliminary evaluation of ground accelerations, a more appropriate method for estimating peak ground acceleration would be the use of seismic attenuation relationships, based on earthquake magnitude and site-to-nearest fault distance (see Joyner and Boore, 1988, for discussion of different methods). Using the Joyner and Boore (1988) attenuation formula, it is estimated that a peak ground acceleration of 0.66g can be expected at the project site from a magnitude 7-1/2 earthquake on the Hayward Fault. Therefore, the peak ground acceleration for the project site given in the Draft EIR should be recalculated. This new data and any additional mitigation measures should be presented in the Final EIR, so that they can be reviewed.

24

The Draft EIR states that a soils engineering investigation was performed for the project by Harding Lawson Associates (1989). Specifically, the soils engineering report presents data on the liquefaction potential at the project site, and on areas of potential soil instability. Under the "Mitigation Measures" part of the "Geology, Soils, and Seismology" section (page 174, second to last paragraph), the Draft EIR states that the recommendations outlined in the Harding Lawson report will be followed to mitigate any soil problems on the project site. However, the Harding Lawson report is not appended to the Draft EIR and could not be reviewed. The Draft EIR should contain all relevant

25

OCT 3

Dr. Snow/Mr. Quesada
September 26, 1990
Page Two

technical reports in the appendices, so that they can be reviewed. In addition, the soils engineering's recommendation for the project should be specifically included in the Draft EIR.

26

If you have any questions regarding these comments, please contact Roger Martin, Division of Mines and Geology Environmental Review Project Manager, at (916) 322-2562.



Dennis J. O'Bryant
Environmental Program Coordinator

DJO:RW:skk

cc: Roger Martin, Division of Mines and Geology
Rick Wilson, Division of Mines and Geology

REFERENCES:

Greensfelder, R.W., 1974, Maximum credible rock acceleration from earthquakes in California: California Division of Mines and Geology Map Sheet 23, p. 12 and map.

Joyner, W.B. and Boore, D.M., 1988, Measurement, Characterization and Prediction of Strong Ground Motion, in Earthquake Engineering and Soil Dynamics II-Recent Advances in Ground-Motion Evaluation, ASCE Geotechnical Special Publication No. 20, edited by J.L. Von Thun, pgs. 43-102.

FRANK W. SHAWL
3902 Cerrito Avenue
Oakland, California 94611

October 1, 1990

City of Oakland
Planning Commission
1330 Broadway
Room 210
Oakland, California 94607

Re: ER88-45
Kaiser Hospital
Expansion

Gentlemen:

I am opposed to Kaiser's expansion for several reasons.

I have lived for over 16 years on Cerrito Avenue, one of the few unlimited parking streets in Kaiser's immediate area (38th Street being another) and have observed over the years Kaiser's previous expansions and their effects on the neighboring properties, the traffic congestion and, especially, the street parking.

I, as well as numerous other residents of this neighborhood, require on-street parking, as off-street is not provided for us.

It is a fact that on weekdays, and Saturdays as well, Kaiser's employees take the majority of the available parking places on Cerrito Avenue and 38th Street as early as 7:30 a.m. and remain there for their entire shifts, often being replaced by co-workers on later shifts. It has become impossible to find parking on these streets until after 5:00 p.m. Now, due to Kaiser extending their appointment hours into the evenings on certain nights, this frustrating parking situation extends to as late as 9:30 and 10:00 p.m. The patients of the Psychiatric Clinic, housed in the former Job's Daughters' building that backs onto Cerrito Avenue, seem to overflow the parking lot provided for them and take Cerrito Avenue spaces.

27

Kaiser's proposed new building will undoubtedly require new employees as well as an increase of patient appointments. Nowhere in their plans are there provisions for new off-street parking. This is astonishing to me and highly unrealistic of Kaiser. The immediate area is already overburdened due to their present overdevelopment. Just in the past five years the parking and traffic problems have noticeably increased.

28

What Kaiser needs to do in order to provide more and better services to their present and growing membership is to immediately start to purchase and develop one or two new sites in Oakland in order to spread the environmental effects of their growth. It is unfair to levy this on only one adjoining

City of Oakland
Planning Commission

- 2 -

October 1, 1990

residential neighborhood.

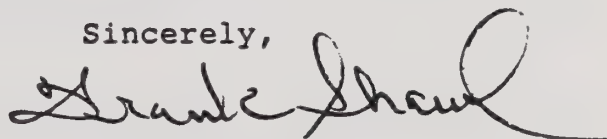
I have been a Kaiser member in the Eastbay for over 20 years and would not consider it an imposition to travel to other sites within Oakland for my appointments and/or treatments.

I have strongly felt, and still feel, that one of the solutions to the ever-growing parking situation on Cerrito Avenue/38th Street is to have limited, two- or three-hour parking posted, thereby opening up the parking spaces to residents and patients alike - not long-span employee parking; and have Kaiser provide the residents on those streets with annual preferential parking permits as a conciliatory gesture to their already inconvenienced neighbors.

29

Thank you for this opportunity to express myself on this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Frank Shawl", with a long, sweeping horizontal line extending to the right.

Frank Shawl
(415) 547-2862

FS/jat

DEPARTMENT OF TRANSPORTATION

BOX 7310

SAN FRANCISCO, CA 94120

(415) 923-4444



October 2, 1990

ALA-580-44.28
SCH# 90030072
ALA580262Bill Quesada, Assistant Planner
Oakland City Planning Commission
One City Hall Plaza
Oakland, CA 94612RE: KAISER PERMANENTE MEDICAL OFFICE BUILDING 79,700 FOOT
FOUR-STORY MEDICAL OFFICE - DEIR

Dear Mr. Quesada:

The Department of Transportation (Caltrans) has reviewed the Draft Environmental Impact Report (DEIR) for the above-referenced project. As stated in our response to the Notice of Preparation (NOP), traffic impacts on State highway facilities is germane to our agency's statutory responsibilities under the California Environmental Quality Act (CEQA). We forward the following comments:

Previously when we reviewed the NOP, we asked that the DEIR address the impacts that this project will have upon the traffic operation on Routes 580, 880, 980 and 24. Traffic increases from the above-mentioned development is not included in this document. The document includes the traffic configuration on the above routes prior to the October 17, 1989 earthquake. It does not mention traffic after the earthquake, nor the impacts on Routes 580, 980 and 24 due to and traffic displaced from Route 880 after the loss of the Cypress Structure.

The environmental document should include the Average Daily Traffic (ADT), AM and PM peak hour volumes on Routes 24, 580, and 980 for existing, existing plus project, and existing plus project plus cumulative cases. The freeway ramps used to access the project should also be evaluated. Due to the significant change in traffic conditions, as noted, the existing volumes for the mainline freeway and ramps should reflect post earthquake conditions. The combination of trip rates used to derive the trip generation volumes should be provided.

All mitigation being proposed should be fully discussed to include, but not be limited to financing, scheduling, implementation responsibilities, and monitoring responsibilities.

ALA580262
Page 2
October 2, 1990

Should you have any questions regarding these comments, please feel free to contact Alice Jackson of my staff at (415) 557-2483.

Sincerely yours,

PRESTON W. KELLEY
District Director

By

Kit Carter
FOR: GARY F. ADAMS
District CEQA Coordinator

AJ:lt

cc: ~~Loreen McMahon, State Clearinghouse~~
Susan Pultz, MTC
Sally Germain, ABAG

Goldeneye Media Productions
3904 Cerrito Ave., Oakland, CA. 94611
(415) 428 - 0191

RECEIVED

October 2, 1990

OCT 15 1990

Oakland City Planning Commission
312 14th Street, First floor
Oakland, CA. 94612

CITY PLANNING COMMISSION
ZONING DIVISION

RE: FILE # ER 88 45

This is in regard to the proposed expansion of Kaiser Hospital between Howe Street and Cerrito Avenue. We, the following residents of Cerrito Avenue, wish to protest the building of this structure for the following reasons:

Cerrito Avenue residents have already been experiencing major parking problems as well as a congested traffic situation, with the influx of patients and therapists going to Kaiser's Therapy offices across from 3900 Cerrito Ave. We often have difficulty parking on Cerrito as late as 11 p.m. We cannot even imagine what the traffic and parking situation would be like in our neighborhood with this new proposed building.

36

Many of our cars have been vandalized regularly since the opening of Kaiser's therapy offices. My own car has been vandalized three times in the last year and I know others here have experienced the same.

37

The situation, as it is now, is becoming intolerable. With the expansion of Kaiser, it would only serve to eliminate completely our once charming and comparatively safe neighborhood. I have lived at 3904 Cerrito Avenue for over 12 years and have seen the community grow and expand but our level of safety has never been as threatened as it is now. Not only is the existing Kaiser emitting more air pollution than they even admit to, the new building will emit even more dangerous and poisonous chemicals into the atmosphere in our neighborhood.

38

We are also concerned about the noise level which is already a nuisance. Kaiser has proven to be very insensitive to the residents of Cerrito when tearing down and rebuilding some of the offices across from 3900. The construction crews started work at 7 am and were loud and unnecessarily noisy. (Kaiser people also, when supposedly trimming the trees lining Cerrito Avenue, completely cut off the tops of the trees, causing all of them to have to be replaced at our insistence.)

39

These are just some of the infractions Kaiser Hospital has caused through negligence and insensitivity. We do not trust them to consider

our neighborhood's well being based on experiences of the past and based upon the way they have approached this new building.

The following residents are in total opposition to the construction of this new Kaiser structure. We ask you to give our protest serious consideration when making a decision on Kaiser's proposed plans for the Howe street expansion.

Sincerely,

Ann Hershey,	3904 Cerrito Ave.	<i>Ann Hershey</i>
Carol Osmer-Newhouse,	3832 Cerrito Ave.	<i>Carol Osmer-Newhouse</i>
Frank Shawl,	3902 Cerrito Ave.	<i>Frank Shawl</i>
James Spohn,	3908 Cerrito Ave.	<i>James Spohn</i>
Toni Robinson,	3906 Cerrito Ave.	<i>Toni Robinson</i>
Don Pharaoh,	3900 Cerrito Ave.	<i>Don Pharaoh</i>
Angel Ramos,	" " "	<i>Angel Ramos</i>
Sandy Boucher,	3826 Cerrito Ave.	<i>Sandy Boucher</i>
Dr. Barbara Wilt,	" " "	<i>Barbara Wilt</i>

OFFICE OF PLANNING AND RESEARCH

1400 TENTH STREET
SACRAMENTO, CA 95814

Oct 05, 1990

BILL QUESADA
CITY OF OAKLAND
1330 BROADWAY
OAKLAND, CA 94612Subject: KAISER PERMANENTE MEDICAL OFFICE BUILDING
SCH # 90030072

Dear BILL QUESADA:

The State Clearinghouse has submitted the above named draft Environmental Impact Report (EIR) to selected state agencies for review. The review period is now closed and the comments from the responding agency(ies) is(are) enclosed. On the enclosed Notice of Completion form you will note that the Clearinghouse has checked the agencies that have commented. Please review the Notice of Completion to ensure that your comment package is complete. If the comment package is not in order, please notify the State Clearinghouse immediately. Remember to refer to the project's eight-digit State Clearinghouse number so that we may respond promptly.

Please note that Section 21104 of the California Public Resources Code required that:

"a responsible agency or other public agency shall only make substantive comments regarding those activities involved in a project which are within an area of expertise of the agency or which are required to be carried out or approved by the agency."

Commenting agencies are also required by this section to support their comments with specific documentation. These comments are forwarded for your use in preparing your final EIR. Should you need more information or clarification, we recommend that you contact the commenting agency(ies).

This letter acknowledges that you have complied with the State Clearinghouse review requirements for draft environmental documents, pursuant to the California Environmental Quality Act. Please contact Lynne Coughlin or Nancy Mitchell at (916) 445-0613 if you have any questions regarding the environmental review process.

Sincerely,

A handwritten signature in dark ink, appearing to read 'David C. Nunenkamp'.

David C. Nunenkamp
Deputy Director, Permit Assistance

Enclosures

cc: Resources Agency

Notice of Completion

Appendix F

See NOTE below

Mail to: State Clearinghouse, 1400 Tenth Street, Sacramento, CA 95814 916/445-0613

SCH # 90030072

Project Title: Kaiser Permanente Medical Office Building

Lead Agency: City of Oakland Planning Department

Contact Person: Bill Quesada

Street Address: 1330 Broadway, Suite 310

Phone: (415) 273-3940

City: Oakland, CA

Zip: 94612

County: Alameda

Project Location: 3800 block or West side of Howe Street adjacent on the south to Kaiser Permanente Hospital in Oakland (See attached map).

County: Alameda City/Nearest Community: Piedmont

Cross Streets: Howe Street, MacArthur Boulevard

Total Acres: 0.91 acres

Assessor's Parcel No. 12-985-14-1

Section:

Top:

Range:

Base:

Within 2 Miles: State Hwy #: Route 24,

Waterways:

Airports: I-580, I-980

Railways:

Schools: Numerous public & private

Document Type

CEQA:

☐ NOP

☐ Early Cons

☐ Neg Dec

☒ Draft EIR

☐ Supplement/Subsequent

☐ EIR (Prior SCH No.)

☐ Other

NEPA:

☐ NOI

☐ EA

☐ Draft EIS

☐ FONSI

Other:

☐ Joint Document

☐ Final Decision

☐ Other

Local Action Type

☐ General Plan Update

☒ General Plan Amendment

☐ General Plan Element

☐ Community Plan

☐ Specific Plan

☐ Master Plan

☐ Planned Unit Development

☐ Site Plan

☒ Rezoning

☐ Prezone

☐ Use Permit

☐ Land Division (Subdivision, Parcel Map, Tract Map, etc.)

☐ Annexation

☐ Redevelopment

☐ Coastal Permit

☒ Other: Design Review

Development Type

☐ Residential: Units _____ Acres _____

☒ Office: Sq.ft. 123,000 Acres _____ Employees 287

☐ Commercial: Sq.ft. _____ Acres _____ Employees _____

☐ Industrial: Sq.ft. _____ Acres _____ Employees _____

☐ Educational

☐ Recreational

☐ Water Facilities: Type _____ MGD _____

☐ Transportation: Type _____

☐ Mining: Mineral _____

☐ Power: Type _____ Watts _____

☐ Waste Treatment Type _____

☐ Hazardous Waste: Type _____

☐ Other: _____

Project Issues Discussed in Document

☒ Aesthetic/Visual

☒ Agricultural Land

☒ Air Quality

☒ Archaeological/Historical

☐ Coastal Zone

☒ Drainage/Absorption

☒ Economic/Job

☐ Fiscal

☐ Flood Plain/Flooding

☐ Forest Land/Fire Hazard

☐ Geological/Seismic

☒ Minerals

☒ Noise

☒ Population/Housing Balance

☒ Public Services/Facilities

☐ Recreation/Parks

☐ Schools/Universities

☐ Sewer Systems

☐ Sewer Capacity

☐ Soil Erosion/Compaction/Grading

☒ Solid Waste

☒ Toxic/Hazardous

☒ Traffic/Circulation

☐ Vegetation

☒ Water Quality

☒ Water Supply/Groundwater

☐ Wetland/Riparian

☐ Wildlife

☐ Growth Inducing

☐ Landuse

☐ Cumulative Effects

☐ Other

Present Land Use/Zoning/General Plan Use Present Land Use: Residential and vacant area.

General Plan Designation: High Density Residential

S-1 Medical Center Zone and R-70 High Density Residential Zone

Project Description Construction of a 123,000 sq.ft. four-story medical office building with a partial basement, on a 39,600 sq.ft. partially vacant site, replacing four residential structures (a total of six units), and a 30-space paved parking lot. Two of the residential units could be relocated.

CLEARINGHOUSE CONTACT: 916/445-0613

LYNN COUGHLIN/

NANCY MITCHELL

CMT SNT

STATE REVIEW BEGAN: 8-21-90

DEPT REV TO AGENCY: 9-28

AGENCY REV TO SCH: 10-3

SCH COMPLIANCE: 10-5

PLEASE RETURN NOC WITH ALL COMMENTS

AQMD/APCD: 2 (Resources: 8/25)

Resources Agency

Conservation

Fish & Game

DWR

CHP

Caltrans 4

Health

CMT SNT

ARB

CA Waste Mgmt Bd

Reg. WQCB 12

Other: APAD

CITY OF OAKLAND

Interoffice Letter


To: City Planning Attention: Bill Quesada Date: October 5, 1990

From: Office of Parks and Recreation
Subject: Kaiser Permanente Medical Office Building
Draft EIR Review and Comment

The Office of Parks and Recreation appreciates having the opportunity to review and comment on the Draft EIR for the proposed Kaiser Medical Office Building on Howe Street. Based upon a careful review of the Draft EIR, the following comments are submitted for your consideration:

1. It appears that several large trees may need to be removed to accommodate the proposed building. Any such removals will require a Tree Removal Permit from the Office of Parks and Recreation, to be issued in conjunction with other developmental permits. 40
2. The proposed landscaping for the project is very good, and should provide adequate mitigation for both tree removals and general visual impacts on the neighborhood. The double row of Sycamore trees along the Howe Street frontage will be an attractive design, and the other proposed tree plantings along the project perimeter (Carrotwood, Strawberry, and Fern Pine trees) should also be required as conditions of project approval. 41
3. The proposed plaza located adjacent to the Cerritos Avenue portion of the project (Page 84) should be required as a condition of the project, as it will create a necessary buffer between the residential neighborhood and the rather large proposed office building. 42

If there are any additional questions, please contact Melanie Fong at extension 3791.



CLEVE WILLIAMS
Assistant Director

MF:dd

cc: Herbye K. White
Tony Acosta
Melanie Fong
Dennis Flannery
Floretta Chisom

RECEIVED

James Spohn

OCT 9 1990

October 8, 1990

CITY PLANNING COMMISSION
ZONING DEPARTMENT

City of Oakland
Planning Commission
1330 Broadway, Room 210
Oakland, CA 94607

Re: ER88-45
Kaiser Hospital
Expansion

This is to add my voice to those of other local residents in opposition to Kaiser Hospital's plans for expansion.

I have lived on Cerrito Avenue for 10 years. I like my home and don't want to leave it. But, over the years, I've felt the stress from Kaiser's impact on my neighborhood and my life gradually increasing. And I have grown increasingly unhappy about it.

I have no off-street parking. Since I work at home but am required to come and go during the day in order to visit clients, I am faced with an horrendous parking problem. It is largely Kaiser employees and patients, from the hospital and the psychiatric facility across the street from me, who fill all the available parking spaces in the neighborhood.

43

Now Kaiser wishes to expand, which will bring in several hundred more people daily searching for parking space. How the city can let them do this without requiring them to build a parking facility is absolutely beyond me.

In addition, the traffic searching for parking and the endless flow which uses Cerrito Avenue to circle the hospital, dropping off, picking up, and waiting on people, has brought increasing noise and pollution to our neighborhood. Now Kaiser wishes to expand. And the traffic, the noise, and the pollution will increase.

44

I have no proof, but I have no doubt either, that the daily influx of people to Kaiser has some bearing on the amount of crime we experience in the neighborhood.

45

Kaiser says it needs to expand to meet the needs of its increased patient load. One can assume that, as Kaiser accommodates more patients through expansion, the patient load will continue to increase. And Kaiser will feel the need to expand more.

46

3908 Cerrito Avenue
Oakland, CA 94611
415:654:0213

This is the nature of a business organization - which is precisely what Kaiser is. One of its primary objectives, on a par with profit, is growth. Unfortunately, for us in the neighborhood, Kaiser is also like a freeway. As the number of users exceeds its capacity, and it is expanded to more lanes, before long, the expansion is outgrown by the increase in new users it encouraged.

As this process continues, the quality of our living space - and our lives - deteriorates, whether we're talking freeways or hospitals. We feel it in the Bay Area generally, and we feel it in our neighborhood specifically - with each new development at Kaiser.

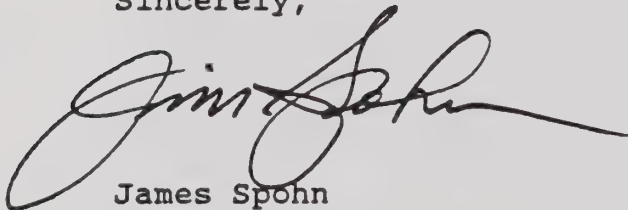
As a resident, I would love to see population growth in the Bay Area stopped dead in its tracks. I would love to see it regress, in fact. But as a businessman, I recognize the value of an expanding market for my services. I also recognize the importance of improving my services, especially as I feel the press of my competition. So I understand Kaiser's position.

What I would like is for Kaiser to plan its growth in some way that doesn't destroy neighborhoods and have a negative impact on people's health and happiness. I can't believe this isn't possible. I can't believe Kaiser can't find the open space to build new facilities.

47

However, I can believe, considering the growing alarm in the neighborhood, that a lot of people will be ready to think about sitting down in front of the bulldozers to get the message across.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Spohn", with a stylized, flowing script.

James Spohn

Re: FILE NUMBER ER-88-45

To: Oakland City Planning Commission
412 14th Street, 1st floor
Oakland, CA 94612

RECEIVED

OCT 16 1990

CITY PLANNING COMMISSION
ZONING DIVISION

October 15, 1990

To Whom it May Concern:

I am writting to comment on the proposal made by Kaiser Foundation Hospitals to expand their 'campus' with a new building on the empty lot on Howe St.

I wish to express my concern over any Kaiser expansion. The Kaiser facility that now exsists is so out of scale with the neighborhood and creates an incalcuable effect on the entire area. As a resident of the area I feel the impact of the hospital directly on my life every day. We hear sirens all the time. Howe Street is is always congested between MacArthur and 40th, but a increase in traffic persists along the whole of Howe St. down to Pleasant Valley.

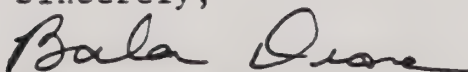
48

This neighborhood, surrounded by main thoroughfares on all sides (Broadway, Piedmont Ave., Pleasant Valley and MacArthur) should be very quiet ~~had~~ have only local traffic and people looking for parking near Piedmont Ave. But Howe Street is very busy along its whole length. The stop signs help but people approach them so fast and rarely come to a full stop.

I tend to avoid Howe and prefer to walk my dog on Montgomery, which is much safer from speeding traffic.

With all the areas of Oakland that could use a big, shiny new tenant, why must Kaiser adversely affect such a still lovely residential neighborhood? I urge you to tighten the reigns on the Kaiser neighborhood gobbling machine!

Sincerely,



Barbara Duncan

249 Mather Street
Oakland, CA 94611

3902 CERRITO AVENUE
OAKLAND, CALIFORNIA 94611

October 20, 1990

Bill Quesada
Oakland City Planning Commission
6th Floor - City Hall
1 City Hall Plaza
Oakland, California 94612

Re: ER-88 45

Dear Mr. Quesada:

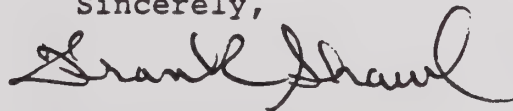
Enclosed is a copy of a petition sent to Thomas DeMartino of Kaiser Hospital by the residents of both Cerrito Avenue and 38th Streets.

We feel that this petition proposes a definite solution to one of the existing environmental problems in our neighborhood due to Kaiser's continuing development. We have no doubt that their proposed new facility will inevitably worsen the parking on these two streets - thus, the petition.

49

We sincerely hope that Kaiser, in the spirit of neighborliness, will take this opportunity to alleviate the situation.

Sincerely,



Frank Shawl

FS:jat

Enclosure

cc: Thomas DeMartino (Administrator, Kaiser Hospital)
Chris Peoples (P.A.N.I.L. Chairperson)

3902 CERRITO AVENUE
OAKLAND, CALIFORNIA 94611

October 20, 1990

Thomas DeMartino
Administrator
Kaiser Hospital
280 W. MacArthur Boulevard
Oakland, California 94611

Dear Mr. DeMartino:

I have been requested by the residents of Cerrito Avenue and 38th Street to submit this petition to you.

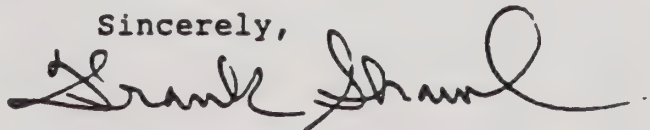
In recent years more and more of Kaiser's employees are parking on these two streets for their entire shifts. This has made it impossible for many of the residents to find parking spaces near their homes during weekdays and Saturday. Recently, on certain evenings this situation has extended to past 8:00 P.M.

This petition would be one solution to the existing problem. We have no doubt that once your proposed new facility is realized this problem will worsen.

We sincerely hope that Kaiser, in the spirit of neighborliness, will take this opportunity to alleviate the situation.

Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Frank Shawl", with a large, stylized loop at the end.

Frank Shawl

FS:jat

Enclosure

cc: Bill Quesada (Oakland City Planning Commission)
Chris Peoples (P.A.N.I.L. Chairperson)

PETITION

We, the undersigned residents of Cerrito Avenue and 38th Street, Oakland, request Kaiser Foundation to arrange through the City of Oakland new two- or three-hour limited-time parking on Cerrito and 38th Streets, beginning no later than January 1, 1991, and that Kaiser provide the residents of the above-mentioned streets with annual preferential parking permits and stickers.

50

NAME	ADDRESS	PHONE
Barbara Witt	3826 Cerrito Ave.	652-1184
Frank Shawl	3902 Cerrito Ave	547-2862
Sandy Boucher	3826 Cerrito Ave.	653-7616
Angie Taylor	3904 Cerrito Ave	428-6141
James Kent	3822 Cerrito Ave.	
John McMillen	3819 Cerrito Ave	
Carol Osmer	3832 Cerrito Ave	547-0855
Cleve Sigo Hilde	²⁵⁷ 2852 38 th St 94611	547-0673
John Kynall	265 - 38 th St. 94611	654-0594
Antonio Leal	269 - 38 th St. 94611	655-9949
Robert Black	275 38 th St. Apt C 94611	655-7646
John Ek	273 38 th St. 94611	658-5234
Joe M. Randle	275 38 th St Apt 94611	658-5234
John Burton	271 38 th St. 94611	654-8343
John Burton	271 38 th St OAKLAND 94611	654-8343
Brian Abbott	278 A 38 th St OAKLAND 94611	654-1466
Mariellen Larson	278 38 th St Apt A Oakland 94611	654-1466
John Warren	294 38 th St Oakland 94611	
Kent Kress	274 38 th St Oakland 94611	601-0739
Shawn Walsh	3870 Cerrito Ave Oakland, Ca 94611	
John W. Brown	3820 CERRITO AVE OAKLAND, CA 94611	

PETITION

We, the undersigned residents of Cerrito Avenue and 38th Street, Oakland, request Kaiser Foundation to arrange through the City of Oakland new two- or three-hour limited-time parking on Cerrito and 38th Streets, beginning no later than January 1, 1991, and that Kaiser provide the residents of the above-mentioned streets with annual preferential parking permits and stickers.

NAME

ADDRESS

PHONE

Paul G. Ringler	3801 Cerrito Ave. Oak.	94611 653-2523
Douglas Strand	3801 Cerrito Av Oak	94611 655-2180
W. L. Mac	270 38 th Street, Oakland	94611 654-5454
Phil Hill	270 38 th Street, Oakland	94611 654-5454
Self Taron	266-38 th STREET OAKLAND	94611 653-5291
Shirley Taron	266-38 th STREET OAKLAND	94611 653-5291
Joe Family	376 38 th St	OAKLAND 94611 653-66
Hari Robinson	3906 Cerrito Ave, OAKLAND,	94611 658-3722
Jonathan	3900 Cerrito Ave, Oakland	94611 601-8248
Angel Ramos	3900 Cerrito Ave	OAK 94611
Christine Bloomington	265 38 th Street Oakland	CA 94611
Zoe Bolton	256 38 th Street OAKland	94611 601-1642
JAMES SPORN	3908 CERRITO AVE OAKLAND, CA	94611 654-0

Page 1

RECEIVED

OCT 25 1990

10-24-90
Don Grappo
P.O. Box 20807
Oak. CA. 94620
655-4731

To: Bill Quesada CITY PLANNING COMMISSION
Subject: Kaiser Hospital Oakland Howe Street Project

The building although it is desperately needed by Kaiser will not fit in harmony with the neighborhood as proposed. Put in some (maybe 125 spaces) on site parking and/or dress up the facades on the existing garages. The sheet metal facades on the existing garages don't allow enough natural light to filter through the garages which tends to make them less desirable and ~~even~~ a sort of spooky place to park for less athletic people. The maximum daily rate at the garage (\$50) is too high. People won't park there all day at that rate. They need to lower it to between \$5-\$7.

Parking is a very critical and for patron and resident alike it has to be made attractive. High rates tend to clog the streets with long termers. Bad lighting does, too. Getting back to the proposed structure, it should be more aesthetically pleasing.

Remember, it will be there for many years and for those years you want something that will be more refreshingly designed.

Looch at Providence Hospital's new building.

It is a beautiful building. A building of beauty can be built here, too, and community acceptance would increase, too.

As far as the residents nearby having to (construction noise) put up with noise, that is something they'll have to swallow. It won't last forever. Don't let them work weekends, though.

54

Permit parking for residents should be established as soon as possible, too.

55

I hope you will consider my ideas and opinions. Thank-You

P.S. - Have both garages checked thoroughly for earthquake damage!

We don't need more drab looking buildings!!

The garages need dressing / lighting up.

Also, man the parking booth till 10:30 or 11:00 PM or so. Maybe open the Piedmont Ave exit which is closed, too (part time study anyway)

October 28, 1990

Bill Quesada
Assistant Planner
One City Hall Plaza, 6th floor
Oakland, California

RE: case number ER88-45

Dear Mr. Quesada,

I write to you as a very concerned citizen of the city of Oakland and as a neighbor of the Cerrito/38th street district that is currently undergoing extreme changes.

I live in a small two story house at 271 38th street. I have been notified that certain changes are pending concern a the vacant lot located at the end of 38th, and Cerrito streets. These plans include the construction of a major hospital enlargement building of four stories, six stories by normal residential standards. This building will greatly change the now quiet, safe and friendly neighborhood within the Cerrito district. I fear that the quality of life on the street for each and every resident will be severely damaged if certain issues are not addressed.

The issues that need to be addressed and solved should be listed in the Environmental Impact Review concerning the building, but are NOT. These are a few of the issues that concern each of the neighbors:

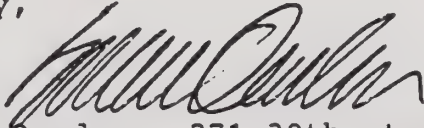
1. Size of the building will block out light to neighboring houses. Its over powering size will be a emotional eclipse as well. Four stories as listed in the plans are not equal to residential stories, instead it will be close to the massive size of the parking lot located across the street, on Howe. 56
2. Re-zoning of the neighborhood from residential to special Hospital will obviously increase the noise, pollution, garbage, loitering etc. It will no longer be a place to raise children in peace. 57
3. Traffic and parking is not addressed. Already as a resident, during the days and evenings, I must be very aggressive in locating a parking space any where near my house. Sometimes circling for blocks and blocks, only to find a space at a parking meter! The hospital employees and patients are not using the parking lot now, why will they use it when this new building is built? Kaiser needs to acknowledge the FACT that they have a parking problem, and they need to provide a solution. 58

59

- | | |
|--|----|
| 4. Noise. Blowers from the existing Kaiser building blow 24 hours a day, the new building will increase this noise pollution by uncountable numbers. | 60 |
| 5. Construction hours are listed on weekend hours, this is totally unacceptable. | 61 |
| 6. Pollution | |
| 7. Loitering | |
| 8. Crime | |

I hope that you will consider these problems concerning this new building, as Kaiser has not, and it is extreemly important for our way of life and piece of mind.

Sincerly,



Suzanne Onodera, 271 38th street

RECEIVED

207 PLANNING COMMISSION
LEWIS ST. 100

October 31, 1990

Planning Commission: Case # ER88-45

I support PANIL's position on
the Kaiser Hospital Expansion.

The neighborhood must be left alone -
MacArthur/Broadway Center should be
used since it is a blight on the whole area
in its present form.

62

Use your power for the people living
here, for a change!

Joan Dark
4448 Chasant VC
Oakland 94611

Joan Dark



WILSON, SHER, MARSHALL & PETERSON

PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

ONE KAISER PLAZA, SUITE 1350

OAKLAND, CALIFORNIA 94612

TELEPHONE
(415) 465-0555

FACSIMILE
(415) 465-8093

W. STEPHEN WILSON
MALCOLM SHER*
EDWARD T. MARSHALL
BRUCE G. PETERSON
ALICE L. AKAWIE
LAUREN M. LAPIETRA
TIMOTHY F. O'LEARY
BARBARA FINKLE
P. RANDALL NOAH
JACK W. SCHWARTZ, JR.
GREGORY S. NERLAND
*ALSO ADMITTED UNITED KINGDOM

STEVEN K. MCGINNIS
OF COUNSEL

November 2, 1990

William Quesada, Assistant Planner
Oakland Planning Department
One City Hall Plaza
Oakland, CA 94612

Re: DEIR Kaiser Permanente Medical Office Building
Your Case No. ER 88-45
Our File No. 200.804

Dear Mr. Quesada:

Edward and Flora Mirzaian have retained this office to express their particular concerns with respect to the construction of the Kaiser Medical Building adjacent to the apartment building owned by the Mirzaians at 3843 Howe Street. While the Mirzaians share the concerns raised by the Piedmont Avenue Neighborhood Improvement League (PANIL), the proximity of their apartment building to the proposed medical center has created specific concerns which the Mirzaians feel must be addressed separately. For your information, I have enclosed a copy of a letter that the Mirzaians sent to Charles Bryant, dated February 26, 1990.

In practical terms, the Mirzaians recognize that the impacts outlined in the Draft Environmental Impact Report (DEIR) will affect the entire neighborhood, but will naturally affect the Mirzaians' property most detrimentally. The DEIR indicates unambiguously that the noise generated by the construction will be unacceptable. Several of the tenants of the apartment building have informed the Mirzaians that they will consider vacating the

63

William Quesada, Assistant Planner
Planning Department
November 2, 1990
Page 2

premises once construction begins, and the remainder must endure 18 months of unreasonable noise.

Once the building is complete, however, the undesirable impacts will not disappear. The tenants of the apartment building have already had problems with Kaiser patients parking their cars in the building's driveway, blocking access to the carport. The new office building will only exacerbate this problem, not only increasing the likelihood that the carport will be blocked at any time, but also greatly reducing the number of available street parking spaces for the residents of the Howe Street area. A natural accompaniment to the increased impact on local parking would be an increase in traffic in the area. The present situation creates substantial confusion and congestion in front of the Mirzaian's apartment building, and they naturally fear that the construction of the office building will augment those problems, endangering all drivers, pedestrians, and residents. I have had the opportunity to review the DEIR and have found that the street photographs do not accurately reflect the true traffic congestion during peak commute hours. I have enclosed copies of photographs taken by Mr. Mirzaian that accurately reflect the level of rush-hour congestion.

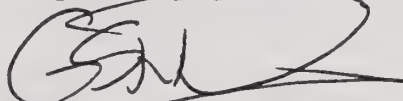
The primary concern of the Mirzaian's, however, is the conclusion in the DEIR that the proposed building will block out most of the afternoon sun during the winter months. This impact is increased because most of the units in the apartment building have windows facing the proposed medical center. The Mirzaian's feel that this will have the most severe long-term impact on their property and will greatly reduce its desirability. The Mirzaian's feel that Kaiser and the City of Oakland have not taken all available steps to mitigate this most serious and permanent impact. The Mirzaian's hope that the city will strongly consider alterations to the present specifications for the building. This could include reduction of the height of the building or the introduction of a "stepped" construction of the upper floors so as to maximize direct sunlight.

The Mirzaian's feel that the impacts outlined in the Environmental Impact Report are real and substantial and will detrimentally affect the quality of life of their tenants. The Mirzaian's urge the Planning Commission to demand that Kaiser take all available steps to mitigate these impacts, thereby minimizing the negative effects that this proposed project will have on the Howe Street apartment building.

William Quesada, Assistant Planner
Planning Department
November 2, 1990
Page 3

We look forward to your kind and favorable consideration of these matters and hope that the city will view the Kaiser project with a most critical eye. If you have any questions or comments regarding the concerns outlined in this letter, do not hesitate to call me directly.

Very truly yours,



GREGORY S. NERLAND

GSN:vk

Enclosures

cc: Edward Mirzaian
Flora Mirzaian
The Honorable Lionel J. Wilson, Mayor
Marge Gibson-Haskell
Mary Moore
Aleta Cannon
Richard Spees
Wilson C. Riles, Jr.
Carter Gilmore
Leo Bazile
Frank Ogawa
Charles S. Bryant
Bruce Black
Joseph P. DeLuca
Lucille Gudger
Gordon E. Henderson
Doug Jones
Victor Mar
Judy L. Rowe
Alvin James
PANIL

Edward Mirzaian
1125 Admiralty LN.
Alameda, CA 94501
(415) 865-6404

February 26, 1990

City of Oakland
Mr. Charles S. Bryant
Planning Department
1330 Broadway, Suite 310
Oakland, CA 94612

Reference: Case No. ER88-45 (Kaiser Medical Building)

Dear Mr. Bryant,

My sister and I are co-owners of the ten unit apartment building located at 3843 Howe Street, adjacent to the site where Kaiser Permanente Hospital intends to build a four-story medical office building.

We have some strong concerns regarding this project - as follows:

1- PARKING. Currently, automobiles are constantly driven onto our five-carport driveway in order to make a u-turn to look some more for a parking space closer to the hospital. Often the driver parks in our driveway while waiting for a patient or visitor to return from the hospital. Occasionally they park, lock and leave the auto in the driveway blocking our tenants cars! We have had to clean-up our driveway of oils and fluids leaked from these cars. We are advised that the parking garage across the street from the hospital is very seldom full and the first half hour of parking for hospital visitors is free. If true, many are not aware of this. Perhaps prominent signs could be displayed on the garage. When these conditions exist now - how much worse will they be after the construction of the new medical building?

2- TRAFFIC. When driving onto Howe St. from MacArthur Blvd. there is almost always a congestion on Howe St. for the first half of the block. Continuous flow of pedestrians crossing the street; autos and taxis double parked; patients getting out of double parked cars - on crutches or into wheel chairs; a mother unbuckling her baby from the car seat and placing her in a stroller which was taken out of the car trunk. All this while double parked! There has got to be a safer, more convenient and more efficient way for these people to debark their autos and allow the normal street traffic to flow through. When these conditions exist now - how much worse will they be after the construction of the new medical building?

3- GARBAGE. We constantly find bottles, fast food utensils, cups, containers and wrappings, chicken bones, banana peelings and many other trash items on our building's driveway, on the sidewalks and in the street. Several times we have observed used discarded diapers on the sidewalk. When these conditions exist now - how much worse will they be after the construction of the new medical building?

Reference: Case No. ER88-45 (Kaiser Medical Building)

4- NOISE. Our tenants, now, can hear the noise from the equipment (fans, air conditioning, etc.) located on top of and about the existing hospital building which is a long block away. When these conditions exist now - how much more noise will there be during and after the construction of the new medical building which is proposed to be located only twenty feet away from our property?

5- VISUAL EFFECTS. A four-story building, only twenty feet away from our building would block out most of the afternoon sun for our tenants, some of whom have lived there for 15-20 years.

We have ten households in our building whose well-being is very important to us. Also, the apartment is our livelihood and if conditions worsen, we may start losing some of our valued tenants and undoubtedly experience difficulty in filling the vacancies.

Since our property is located right next to, and with the front doors and windows of the main living areas facing, the proposed four-story building, only twenty feet away, we are very concerned of the adverse economic effect the construction period and the new medical building will likely create for the both of us. What will happen to our property value as well as the property values in the area?

We hope the conditions mentioned above as well as many other concerns expressed to you by our neighbors will be addressed when the EIR is being prepared.

We wish to thank you in advance for your kind services.

Sincerely,

Edward Mirzaian, Co-owner

Flora Mirzaian, Co-owner

Michael Bass
19 Rio Vista Avenue
Oakland, CA 94611

November 2, 1990

Oakland City Planning Commission
1330 Broadway - Room 310
Oakland, CA 94612

RE: Response to Kaiser Permanente's Medical Office Building
Draft Environmental Impact Report ER-88-45.

Distinguished Members of the City Planning Commission of Oakland:

I am strongly opposed to Kaiser Permanente's proposal for a new Medical Office Building (MOB) planned for a site adjacent to their Oakland Medical Center on Howe Street located in my neighborhood.

While I realize the important contribution that the Kaiser Permanente Medical Care Program makes in providing health care services to our community, I believe that it is of equal importance for our community to coexist with Kaiser's physical plant in a way that is compatible with the environmental setting and the overall well-being of our neighborhood.

Kaiser's own Draft Environmental Impact Report reveals that Kaiser has neglected to lessen existing environmental impacts in our neighborhood in the areas of carbon monoxide pollution (levels currently exceed state and federal standards), toxic air contaminants released from Kaiser's hospital tower, lack of on-street parking, traffic congestion, and loud noise. Kaiser is irresponsible in proposing a plan that would exacerbate these conditions. Furthermore, the sheer massive size alone of Kaiser's MOB would be visually overwhelming and totally out of proportion to the scale of the surrounding homes.

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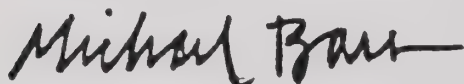
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The Piedmont Avenue Neighborhood Improvement League (PANIL) will address these and other major areas of concern in more detail in their response to Kaiser's DEIR which your commission will soon receive, and I hope you will give our concerns your full consideration.

It is certain that a Medical Office Building, such as the one proposed by Kaiser, would have a devastating impact on the community. I strongly recommend that alternative plans be considered.

Sincerely,



Michael Bass

November 2, 1990

City Planning Commission

1330 Broadway # 310

Oakland, Ca. 94612

Regarding EIR 88.45 Kaiser Health Plan Building

In granting any permits for this construction
please consider reducing the size, the mammoth
size, of the proposed building, require additional
on site parking, and off street patient drop-off
and pick-up facilities. 71 72

The traffic and parking problems the present
Kaiser facilities give this neighborhood is
already a burden and to increase it by their
proposed plan would be intolerable. 73
Thank you for consideration of the requests
by neighborhood residents.

Sincerely,

Arlene Cotton, owner and resident
4035 B Howe St.
Oakland 94611

RECEIVED

4101 HOWE ST. # 108
OAKLAND, CA 94611
NOVEMBER 2, 1990

CITY OF OAKLAND PLANNING COMMISSION
TO: ~~OAKLAND~~ ^{LONG-TERM} ~~PLANNING~~ ^{COMMISSION}
RE: DRAFT EIR FOR KAISER HOSPITAL # ER 88-45

my comments: I moved recently from Montclair to Howe Street, and only just learned about the pending EIR. Relative to Kaiser's expansion plans, I was dismayed to find out that those plans do nothing to help the surrounding community, already grossly over-burdened by parking & traffic congestion caused directly by Kaiser employees & clients.

The traffic congestion stems largely from the lack of a proper on-site "Traffic Loop" for dropping off & picking up patients. In the hills, a new facility (whether apartment, house or business) must provide parking for occupants, or it doesn't get built. How does Kaiser have the nerve to think it can burden the local streets with 300-400 additional cars without on-site drop off/pickup & parking.

It is imperative that the parking & traffic congestion be resolved in the context of what is there now (a problem), what is proposed (more of the same) & what is Kaiser's long-term plan (more expansion).

Please include this requirement before you agree to this major expansion into the Piedmont Avenue neighborhood.

THANK YOU, LORNA E. JONES

3801 Cerrito Avenue
Oakland, CA 94611
November 2, 1990

Bill Quesada, Assistant Planner
Oakland, City Planning Commission

RE: ER 88-45

Dear Mr. Quesada:

I wish to express my opposition to the plans for the construction of a new Kaiser MOB at the corner of 38th and Cerrito Avenues. This poorly conceived project far exceeds the capacity of a residential neighborhood. Before any construction be undertaken, I propose that Kaiser be required to submit a detailed, truthful master plan for long-term growth that is responsible and sensitive to neighborhood concerns. 77

As I write this letter at 9 a.m., my concentration is disturbed by the noise of drilling and dump trucks that have been operating since 7 a.m.. this morning on the site of the Kaiser Psychiatric facility next door to me on Cerrito Avenue. Though this activity has been under way for several months now, never has Kaiser made any communication whatsoever as to what is involved or how long it will continue. This is typical of Kaiser's dealings with its neighbors.

In the DEIR, the size of the proposed MOB was increased from 86,000 to 123,000 sq. ft. A facility of this size and nature clearly does not belong in a residential neighborhood. We cannot accomodate the additional automobile and foot traffic it will bring. The already excessive carbon monoxide and TAC concentrations will be increased. The current strained parking situation will be worsened. Kaiser has not addressed these problems. 78 79

I have been a Kaiser member for the past three years and fully support the Kaiser enterprise. However, I do feel that a medical institution has a special responsibility to set an example in considering the various needs of the surrounding population. Kaiser has yet to submit a thorough, long-term expansion plan. The proposed MOB represents the type of haphazard growth that is detrimental to the environment and the community. Does this not undermine Kaiser's public health mission? If Kaiser is allowed to proceed with this plan, we can only speculate as to what further expansion will be undertaken on its other properties on this block. We may be faced with the gradual disappearance of our neighborhood. They should be encouraged to develop along the more commercial sections of MacArthur and Broadway instead of encroaching upon our residential neighborhood. Further construction on this block must be well integrated into the surroundings instead of simply intruding on them. (77)

I trust that you will give careful consideration to our resident concerns and represent us in opposing this construction.

Thank you.

Sincerely,

Paul A. Kircher
Paul A. Kircher

251 - 38th Street
Oakland, CA 94611
November 2, 1990

RECEIVED

Bill Quesada, Assistant Planner
Oakland City Planning Commission
421 - 14th Street
Oakland, CA 94612

NOV 8 1990

PLANNING COMMISSION
ZONING DIVISION

RE: ER88-45

Dear Mr. Quesada,

I am writing in regards to the new Medical Office Building Kaiser wants to build on Home Street. Living in the neighborhood for four years, at 251 - 38th Street, I feel Kaiser has overlooked certain situations that infringe on the community.

- 1) The size of the Medical Office Building. The initial study was for a 86,000 square foot building. The building they want to build is 123,000square feet. My feelings are that the DEIR does not adequately address a building of this size. 80
- 2) Parking. It is unbelievable that there is no plan in the DEIR for additional parking. With Kaiser running advertisements on television and such - I feel they are reaching out to new customers therefore regarding more spaces to park. Already 38th Street and Cerrito Avenue have many Kaiser employees, patients, and visitors on these streets. How can they get away without establishing a place for people to park. 81
- 3) Master Plan. I think Kaiser should inform the neighborhood as to their long term goals on expansion. They own a considerable amount of property in the area and my question would be just how far do they plan on expanding down the block. 82
- 4) The new tower on Broadway. The community was informed at a meeting that the new tower would house equipment for the new building. At the meeting with the planning commission they ~~dismissed~~ this by shaking their heads. Once again, I felt they were talking out of both sides of their heads. How can they go on just changing their story to fit their needs? 83

How can trust be built between an institution and the community if the truth isn't being exchanged - example - 86,000 sq. ft. building grew into a 123,000 sq. ft. building overnight.

- 5) I live at 251 - 38th Street. This is one of the buildings Kaiser wants to remove so they can expand. They stated in the DEIR that there were only 2 trees on the property which is a gross mistake. There are 7 trees, 2 giant palms, 7 rose bushes and the front yard is maintained year round with flowers. It is gross neglect on the part of Kaiser to say there are only 2 trees on the property. Did they even come out to look what was here? How can they get away with just assuming what is here and what isn't. Once again community relationships are hindered.

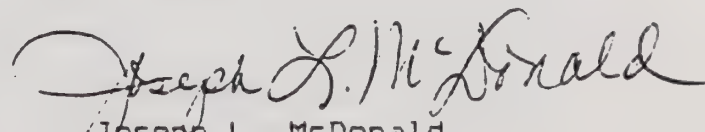
84

- 5) I request that the city require the Hospital document to offer relocation assistance and/or monetary compensation for my move if it comes down to that. I really enjoy my neighborhood and have acquired alot of friends in this area. It will be a shame if I would have to leave. I reside in a 3 bedroom house that carries a California bungalow feeling for only a fraction of the cost on what is available out there. My rent is \$448 a month. I don't know where I will find a house at those costs with today's prices. I have just finished my Master's degree in clinical psychology and my next step is an internship for my state license. I will have to give 2500 hours - most without pay. I had hoped to be in this house so that I could keep my expenses down and serve the community as well.

85

Thank you for taking your time to view my situation.

Sincerely,


Joseph L. McDonald
251 - 38th Street
Oakland, CA 94611

270 38th Street
Oakland, CA 94611
2 November 1990

Mr. William Quesada
Assistant Planner
Oakland City Planning Commission
6th Floor City Hall
Oakland, CA 94612

RE: DEIR KAISER PERMANENTE
Medical Office Building
ER88-45

Dear Mr. Quesada:

As a homeowner and resident of 38th Street in Oakland, I would like to respond formally to four issues raised by the Draft Environmental Impact Report concerning the proposed Medical Office Building (MOB) which Kaiser Permanente would like Oakland's permission to construct on the presently vacant lot in the 3800-3900 block of Howe Street. These four issues are: size of the intended project; the construction of a central plant not covered by the DEIR; traffic consequences in residential areas; and the adverse effects on quality of life.

First, the building proposed by Kaiser and supported by the Cerrito Avenue Neighborhood Association and PANIL, both strong community groups in the Kaiser vicinity, was intended to provide approximately 79,700 square feet of floor space. A review of Appendix I, section 1, of "Attachment to Initial Study," shows that the DEIR was intended to describe the environmental impacts of a building of 86,000 square feet. In fact, however, at a Kaiser-sponsored community meeting on September 17, 1990, Kaiser representatives displayed and endorsed a model of a 123,000 square-foot structure. The discrepancy between the "intended" building referred to in the DEIR and the building which Kaiser actually intends to build is great enough to warrant the undertaking of a new DEIR, one which addresses the potential environmental impacts of the larger building which Kaiser wants on its property.

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Second, there is the matter of a new "central plant." Currently under construction near the northeast corner of the intersection of Broadway and MacArthur is a three-story central plant. This steel structure will house the boiler, generator, and other major mechanical functions of the proposed MOB. The plant will have adverse effects on the residential neighborhood to the north: there will be increased air pollution, increased noise, and decreased sunlight. The central plant is not addressed in the DEIR, and this is a serious omission: at the September 17th Kaiser meeting with the community, Mr. Thomas DeMartino of Kaiser said of the new plant: "The new plant had to be built to support

87

[ER88-45/KAISER MOB/McRobie]

this [he gestured toward the model of the proposed MOB] building." Given the present unacceptable levels of noise and air pollution currently created by the Kaiser Hospital Tower, the lack of information in the DEIR is a serious matter. Construction on the new central plant should be halted while a new DEIR is undertaken.

Third, the traffic and parking disruption to the neighborhood directly behind the proposed MOB, that is, residential 38th Street and residential Cerrito Avenue, is severely underplayed in the DEIR. Kaiser's insistence that the MOB will merely provide office space for present employees who are experiencing crowding was contradicted during the September 19th Oakland Planning Commission meeting, when Mr. Thomas DeMartino of Kaiser stated that the proposed MOB must be as large as possible to "serve membership from outlying areas." The DEIR does not address mitigations for members from these undefined "outlying areas." Kaiser employees presently enjoy free all-day on-street parking in front of residences on 38th Street and Cerrito Avenue, while Kaiser patients roam our neighborhood looking for parking spaces of their own. A MOB designed to provide further service to Kaiser members from "outlying areas" will increase traffic on residential streets. Kaiser's plans will eradicate a number of present parking spaces, while increasing by 213 the number of employees at the Kaiser campus by 1992. Buses and vans and the weak TSM mentioned in the DEIR do not serve patients from "outlying areas," and will be ineffective for employees of the MOB and existing Kaiser buildings. The only possible mitigation for the increased traffic is to build BART to Kaiser or Kaiser at BART.

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It is vital to note, also, that the traffic checks done for the DEIR focused on 40th Street, Broadway, MacArthur, Howe and Piedmont Avenue. Turn studies and parking studies were not conducted on 38th and Cerrito, where residents of several buildings must rely only on off-street parking.

90

Finally, an issue of key importance to a homeowner and taxpayer with a strong commitment to Oakland: what is the effect of the proposed MOB on the quality of life in our neighborhood? The quality of life in the very stable neighborhood behind Kaiser will be adversely affected in the following ways if Oakland allows Kaiser to build the 123,000 square-foot building which it says is necessary. Two of these issues are directly related to the addition of a "rear emergency exit" from the MOB directly onto 38th Street. Note that page 134 of the DEIR states: "To minimize any potential impact to neighbors, no vehicular or pedestrian access to the project is to be provided from 38th Street or Cerrito Avenue." Nevertheless, Kaiser's model and architectural plans for their MOB include a clearly-identifiable rear door leading directly onto 38th Street. It is said to be an "emergency exit;" however, Kaiser officials at the September 17th

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[ER88-45/KAISER MOB/McRobie]

community meeting stated that they have no intention of putting an alarm on the door.

Crime: the MOB will contain two pharmacies and will have a rear "emergency exit" which will allow staff and patients to leave the MOB and walk directly into a residential neighborhood. Oakland, like any large city, has its share of crime: criminals are attracted to pharmacies, where controlled drugs and potentially large amounts of cash are available. It is regrettable but undeniable that the proposed MOB will add the element of crime to our neighborhood. The least-serious scenario is the invitation to spray-can graffiti artists to decorate the proposed "light-colored" walls; the worst-case scenario is of an armed individual fleeing the MOB out the rear exit with stolen drugs, looking for a getaway car to steal.

92

Loitering: Howe Street residents already clean up discarded diapers, fast-food containers and other litter left by Kaiser patients waiting for appointments and visitors to Kaiser patients. Visitors often "camp out" in their cars, on the street, for protracted periods of time, waiting for friends and relatives. With a proposed rear exit for the MOB, the environment of 38th Street and Cerrito Avenue will be impacted by litter and loitering. Loitering can be accompanied by vandalism, and residents will feel that their property is not adequately protected. The DEIR does not address the issues of crime and loitering on 38th and Cerrito, and this is another serious omission.

93

Finally, the DEIR does not allow adequate mitigation for the extreme mass and bulk of the 123,000 square-foot building. The size and shape of this enormous building will destroy the character of this neighborhood. Owner-occupied, single-residence homes will be dwarfed and literally overshadowed by the building which Kaiser would like to build. Property values will decline, and Kaiser will undoubtedly take advantage of a decaying neighborhood by buying up more residences, tearing them down, and expanding its Oakland "campus." Kaiser insists that it "has no plans at this time for further expansion in that direction," but Kaiser spokesmen admit that their ever-evolving Master Plan is only funded for two or three years at a time. "No plans at this time" can turn into undisclosed plans tomorrow or next year. The DEIR must be rewritten to include adequate mitigation for uncontrolled expansion and destruction of residential Oakland: the DEIR must include the rezoning of 38th Street and Cerrito Avenue to R-50, and the removal of hospital zoning for all non-Kaiser-owned property north of the lot on Howe Street.

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I will close by quoting directly from the DEIR, Appendix A, Section IV, Mandatory Findings of Significance:

Many of the impacts identified above might cause substantial direct or indirect adverse effects on human beings, including potential effects on topography and drainage, air quality, tenant relocation, neighborhood character, housing,

[ER88-45/KAISER MOB/McRobie]

security, litter, visual quality, shading, traffic congestion, local traffic circulation, parking, pedestrian congestion, noise, and historic resources.

Homeowner, taxpayer, resident of Oakland: my investment in my home and my neighborhood represents a greater percentage of my emotional and financial assets than does Kaiser's investment in its MOB. If a 123,000 square-foot building is constructed at the end of my street, it will have a devastating impact on this lovely, stable, decent neighborhood. I ask that you give serious consideration to all individuals who write to you to express their concerns about the impact of Kaiser's plans on our neighborhood.

Respectfully yours,



Karen F. McRobie

Nov. 2. 1990

To the Oakland
Planning Commission
I.C. of Bill Quesada!

The Cerrito Neighborhood Association

The public comment period on Kaiser's Draft Environmental Impact Report (DEIR) for the new Medical Office Building (MOB) ends November 5th. Your letter to the Planning Commission will have an impact on the look of the building and possibly delay or stop construction of the MOB. This is also a chance to have Kaiser deal with some of the other problems it causes in our neighborhood; litter, noise, parking, etc.

Problems concerning the MOB which you can mention in your letter include:

1. The size of the MOB - in the Initial Study the MOB was 86,000 sq.ft., in the DEIR it is 123,000 sq.ft. A new study should be done based on the real size. 97
2. Kaiser master plan - Kaiser should be made to develop a public master plan which encourages growth along Broadway and MacArthur Blvd. rather than into a residential neighborhood. 98
3. Parking - Kaiser should be made to supply enough parking for its employees and patients. The DEIR says 162 employees park on the street daily and the MOB will add 95 employees while eliminating at least 12 spaces. 99
4. Pollution - Carbon monoxide concentrations currently exceed State and Federal standards at three intersections the increased traffic due to the MOB will make this worse. Kaiser currently emits over 145 pounds of Toxic Air Contaminates (TAC) a year into a residential area the MOB will increase these emissions. Kaiser should reduce its TAC's before being allowed to build. 100
5. Crime - The MOB will increase the patient population but the DEIR makes no provision for the increase in criminals this will bring while "the Oakland Police Dept. does not anticipate a need for additional personnel or equipment...". 101

The same concerns are on our uppermost minds, too. And we urge you to give careful considerations to the subjects mentioned!

Margita Tappre
Ruth Tappre

Homeowners on 266-38th Street

P.S. This letter is late
because we just returned
from vacation! Hope it's not too late.

2

Bill Quesada, Assistant Planner
Oakland City Planning Commission
421 14th Street
Oakland, Ca 94612

RE: ER88-45

Dear Mr. Quesada:

11/3/90

We are residents at 3820 Cerrito Ave., and have complained as it is about construction that has been going on across the street from our house.

The plans for the new Medical Office Building are even more likely to cause even worse problems in the neighborhood than the new roof of the King's Daughters building.

I am mostly concerned with the noise. This is an otherwise quiet neighborhood, one of its more appealing attributes. The construction across the street, with Oakland Scavenger waking me up regularly at 6 am and loading, etc. for at least 20 minutes, in addition to all the other vehicles pulling in, workers chatting, etc., has been, as I said, bad enough. I can only imagine the noise level to increase proportionately to the size of the job.

102

I'm also upset by the parking situation. Not only is it impossible to find a parking spot during the day, but on street-sweeping days, the street never gets cleaned properly because the Kaiser employees, either oblivious to the sign or whose desire to be on time for work is more important than a \$20.00 ticket, park outside our house and the houses of our neighbors, leaving the streetsweepers no alternative but to go around the parked cars. I come home to a pile of debris in the front of my house.

103

I'm distrustful of Kaiser and its planning. "Improvements," or more building, is to my understanding not supposed to change the atmosphere of the neighborhood. It would have as it was at the original 86,000 sq. ft., but now at 123,000 sq. ft. it will be that much worse.

104

Another problem which disturbs me is the number of condoms I've found along the sidewalk in front of the King's Daughters building on the 38th Street side. Because this building is not a residence like the other side of the street, after 5pm no one is going to notice prostitutes turning tricks in cars. However, the evidence is there, particularly on Sunday and Monday mornings

Having another office building in the area is going to add to this sense that no one is around after 5pm or on weekends. I'm tired of finding strange people in my neighborhood, walking into backyards for things they can sell. I've called the police too many times and I'm not going to stand for my neighborhood deteriorating further. Your security guards are

105

underpaid if you expect them to take any action, and the police force is understaffed. More than that, I don't think I should have to be calling the police as often as I do.

There are many other issues that I'm concerned with that I don't want to take the time to address here - this has already ended up a longer letter than I had intended. Pollution, traffic, litter, autoburglary, home burglary, etc. are some of these. Why can't Kaiser develop properties along MacArthur or Broadway? You'd be much more supported by the community if you were to focus on rebuilding on properties along MacArthur, for example replacing the hotels. Oh, yes, of course: they are businesses, we are just residents. It's cheaper to develop residential properties than to buy out a business, even though the bulk of that business is through illegal traffic, than it is to buy out a home and develop on that land.

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I know our neighbors share my concerns - their priorities may be different, but their conclusion is the same: we don't want all the problems this new building is going to cause.

Thank you for your time.

Sincerely,



Susan M. Walsh
3820 Cerrito Ave.
Oakland, Ca. 94611
415-658-5839

Vinton W. Bacon, Jr.

2
256 38th Street
Oakland, 94611, CA
November 3, 1990

ER88-45

Bill Quesada, Assistant Planner
Oakland City Planning Commission
421 14th Street
Oakland, CA 94612

Dear Mr. Quesada:

I am writing in response to the DEIR on the Kaiser Oakland MOB.
I live within 50 ft., directly across from the proposed MOB.

After studying the DEIR I find it lacking in scope and accuracy. It contradicts the Oakland Comprehensive Plan in almost all areas. The areas that concern me most are:

Noise
Air Quality
Bldg. Design
Parking
Open Space

Noise:

The Oakland Comprehensive Plan states, " Residential areas should be protected from activities which produce excessive noise, dirt, or odors or generate heavy traffic.(52735) The DEIR is inadequate not only in mitigating noise but in defining workable monitoring program for the proposed noise mitigation. 107

Noise levels above 85dB for two hours or greater lead to hearing loss. There will be at least 20 weeks where levels will be at, "clearing unacceptable levels". No mention is made of the level of noise for the remaining 50 or more weeks. These levels are placing myself and other residents in jeopardy of hearing loss not to mention the mental and physical stress. I live 50 feet away from the construction site. These high levels of noise are not, " unavoidable". Kaiser must be made responsible for their actions and mitigate these concerns as well as supply a 24 hour service to monitor and serve as a liaison with the neighborhood. Kaiser has taken no action in the last 7 years to the community's complaints of the 24 hour ventilation system atop the hospital. The present problems must be mitigated as well before letting Kaiser do what they will to the quality of life throughout our valuable community. We are constantly being bombarded with noise from the patient and workers arriving and leaving , hospital fans, sirens, slamming car doors and alarms, and speeding cars looking 108

for parking on our streets.

No mention is made of how traffic will be directed or routed during construction. 109

Design:

In the initial study the size was 73-86000 sq ft and in the DEIR it as literally doubled to 123000 sq ft. A new DEIR must be done based on the 123000sq ft. The MOB is huge and out of scale with the rest of the neighborhood. It conflicts with the Oakland Comprehensive Plan. The plan specifically states design be compatible with the surrounding neighborhoods. 110
111

How is it that Kaiser is allowed to build without presenting a firm 30 year plan. They must be required to present a 30 year master plan before any future projects can be considered. Their MOB has too vast an effect on the community as well as the City of Oakland. Building without specific goals will lead to the destruction of our communities and commerce. Why isn't Kaiser expanding toward Broadway and Mc Arthur. They presently are renting parking and floors in the MB Center. That center is a perfect site for their construction yet every time it comes up for sale they have some reason for not buying it. If they moved into the Mall it would be a win-win situation for Kaiser and the community. 112
113

The Cerrito/38th Street exit is elaborate, obvious and inviting to the public. There is no mitigation to stop Kaiser from changing it to a main entrance later. Mitigation must be made to keep it a one way exit and decrease it in size and grandeur. 114

Kaiser must not be given a variance or overlay on present property on 38th or Cerrito already zoned R-70. It is critical to our community to assure the R-70 remain intact. 115

Air Quality:

Pollution levels for the area surrounding Kaiser already exceed state and federal regulations. Check for yourself for the last 2 mos.. We do not want another LA. The MOB is proposing unsafe levels of CO2 for our community. Mitigation is inadequate. Their estimate of being slight impact is an error in their methodology. They have rounded their numbers incorrectly. When rounded correctly the CO2 levels are unacceptable and a significant health threat to the entire neighborhoods health. We must be assured of clean air levels for ourselves and children. 116
117

Parking:

Where else in Oakland would a bldg. as large as 60-1000 single family homes be allowed to be built without supplying adequate parking? Kaiser has not included one new parking space yet alone the 300 spaces needed to handle the 20000 new patients in the next 10 years. Their mitigation of a TMS is a joke. Their only example of what would work was Varian. Varian is an industrial park: Oakland is residential. The TMS should be initiated for 6 month now to first determine its efficacy prior to any building project being approved.

Open Space:

The Oakland Comprehensive Plan stated, " Efforts should be made to perpetuate the full range of plant types and plant communities, and therefore also wildlife variety, found in Oakland. (53298)Special attention should be given to the protection of rare and endangered species.(53298) Kaiser will be destroying the breeding grounds for hummingbirds in the oak and bay trees existing in the backyard of the house on the end of 38th and no mitigation is made.

The proposed park on Cerrito Street is appreciated. However, it is viewed by the community as a potential source of noise, litter and crime. This is a serious concern that has not been addressed. Possible mitigation could be made to have it a protected area with native vegetation and trees to encourage the breeding of the native birds. Whatever the mitigation a Deed Restriction must be attached to that area to assure the green space remains green space.

These are several of the concerns I wish to have addressed by you.

Thank you for your time and consideration.

Concerned Citizen,

Loa Lovely
Loa Lovely

November 4, 1990

James Ploss
212 Monte Vista
Oakland, CA 94611-4922

Oakland Planning Commission
One City Hall Plaza
Oakland, CA 94612
Attn: Bill Quesada

RECEIVED

NOV 7 1990

Re: ER 88-45 Kaiser Hospital Expansion

PLANNING COMMISSION
ZONING DIVISION

Commission Members,

Thank you for extending the deadline for written comments concerning this expansion. I am writing as an individual citizen and three year resident of the Piedmont Avenue neighborhood. I grew up in Oakland, attended Oakland Technical High School, and was happy to return after living in San Francisco for fifteen years.

I am writing in strong opposition to approval of any phase of this development until Kaiser hospital can demonstrate a coordinated long range development plan, and some elements of good faith in dealing with both their neighbors and the City of Oakland.

As a Kaiser Health Plan member, the presence of the hospital was a major plus in my choice to move to the Piedmont Avenue Neighborhood two years ago. As both a neighbor and a member I am well aware of the pressing need that the hospital has for additional space to ease their overcrowding. I am in complete agreement with Mr. DeMartino and Dr. Klein in supporting that need.

Mr. DeMartino spoke to the commission of the 5 years of talks with the community that preceded the plans for this building. He didn't point out that those discussions were about an 80,000 square foot building while the proposed structure is 120,000 square feet. Did Mr. DeMartino or anyone else at Kaiser ever notice this difference? 123

Mr. DeMartino did not address the genesis of those talks in demolition of the housing on the site five years ago, when Kaiser planned immediate construction. After the demolition Kaiser determined that the additional space was not needed after all, and has waited five years before progressing with this project.

It would have been nice if the EIR were explicit about what considerations or changes to the plans resulted from the discussions with the neighbors. I was present for some of those meetings, and do not see any consideration. We were told that the building would be of appropriate scale and it is not. We were told that there would be additional parking and there is not. We were told that there would be no shading of adjacent buildings and there is. 124

Whether from incompetence, deliberate deception, or because they honestly are unaware of their future direction, Kaiser now has a long tradition of misleading both their neighbors and the City of Oakland.

The power plant for the new building was approved and is being constructed as a separate project as if there were no relationships between the various structures of the Kaiser campus.

Mr. DeMartino referred to plans for the Fabiola building at Broadway and MacArthur but we have no idea how those changes work with this building or the new power plant to result in a more efficient facility at the site.

Kaiser hospital does not seem to have an integrated plan for the development of their facilities at Broadway and MacArthur. With the power plant, this Howe street office, and some sort of plans for the Fabiola building site, there are three major projects currently underway. They seem to have each been planned and developed in isolation from each other, without consideration for their impact on each other, and the entire Kaiser plant, the neighborhood, or the City of Oakland. It seems that the whole purpose of a Planning commission is to ensure that such piecemeal construction does not take place, and that each unit is part of a long range integrated plan. 125

Mr. DeMartino and Dr. Klein explained that a major purpose of the building was to relieve patient & staff congestion, and that it would not lead to expansion of the patient load. After experiencing the hospital assurances to community meetings, and noting the five year delay in construction of this building, I am suspicious of the assurances that patient load will remain the same after construction. I would like to see some graphs of patient visits and staff levels by unit and in total for the past 10 years and what the projections are for the next 10. If the Commission relies on the promise of constant patient load in approving this construction, I would like to see some written guarantees from Kaiser with specific penalties should those numbers be exceeded. 126

A lot anecdotal evidence about traffic and parking was presented at the commission hearing. As an ex San Francisco resident I find parking in the area around the hospital to be no major problem, but this is a comparative experience. More than half the Kaiser employees (per Kaiser studies) and an unknown number of patients currently park on the neighborhood streets. By any measure this is a major impact. The traffic studies in the impact statement were conducted in a short period of time and covered only a small area of the neighborhood. A more thorough study of both current patterns, projected changes, transit alternatives, and any differences in flow throughout the week for a much larger area would be more appropriate. 127

The current Kaiser tower has a cooling unit whose noise level is the bane of every neighbor's existence. Kaiser has ignored requests to alleviate the problem and the proposed building has a similar structure. 128


The "fire-exit" at the "rear" of the proposed building, on Cerritos Street, appears to open directly into the hub of the building. The exterior entry stairs, on the model immediately reminded me of the main entrance to Oakland Technical High School a few blocks down Broadway. While the Howe Street frontage is a single massive slab, this side of the building, which will not be a public entrance, shows some aesthetic concern. I suspect that we have not heard all the plans Kaiser has for this entrance. 129

No discussion of the future plans for Kaiser Hospital would be complete without an aside about the MacArthur/Broadway shopping mall. This scores high on any survey of Oakland trouble spots and for years neighbors have

been urging Kaiser to consider acquiring this property and expanding their facilities in that direction. This could fulfill their expansion requirements for decades to come, comply with current zoning, and remove a constant source of neighborhood problems. A specific response to this alternate development direction should be requested by the Planning Commission.

In conclusion, I believe that the planning commission should dismiss the preliminary Environmental Impact Report as insufficient to the scope of the planned expansion. No Report should be accepted which does not address the long range plans for development of the entire site, and the integration of a new building into that long range plan. The expansion into a residential neighborhood, while alternatives exist across both McArthur and Broadway should be seriously considered by both Kaiser and the Commission.

Sincerely,

A handwritten signature in dark ink, appearing to read 'James Ploss', with a long horizontal flourish extending to the right.

James Ploss

270 38th Street
Oakland, CA 94611

5 November, 1990

Mr. William Quesada
Assistant Planner
Oakland City Planning Commission
6th Floor City Hall
Oakland, CA 94612

RE: DEIR KAISER PERMANENTE Medical Office Building ER88-45

Dear Mr. Quesada:

As a homeowner on 38th St. in Oakland, I am concerned about Kaiser Permanente's plans to build a Medical Office Building (MOB) at the end of my street. I have read the Draft EIR (DEIR) prepared by Environmental Science Associates for the city and have identified a number of areas where the document is deficient. In general the document is completely inadequate in its discussion of mitigation measures and project alternatives. As examples of some of the deficiencies, I would like to point out inadequacies in the areas of: noise impact; growth inducement; the removal of residences; and the design of the proposed MOB.

Page 162 of the DEIR states, "The major noise source in the project vicinity is vehicular traffic along local streets." This may be true for a generic residential area in an urban environment and for areas not immediately adjacent to the project site, but it is not true near the project site. As any one who lives in or has visited the area can tell you, the major noise source in the project vicinity is the roof vent on the Kaiser Hospital Tower. The ventilation system usually runs 24 hours a day, seven days a week. It can be heard in yards and in houses. Neighborhood complaints have made Kaiser well aware of the noise problem. The DEIR presents the results of noise sampling that was conducted on August 31, 1989 between 4:00 and 5:00 pm. The authors use this data to extrapolate 24-hour noise levels in the project area. Their projection is based on equating the 24-hour peak-hour L_{dn} to the peak-hour L_{eq} assuming a noise environment dominated by traffic. The authors present no evidence that the noise environment is dominated by traffic (as noted above near the project site, it is dominated by the roof vents from the Kaiser Tower) and further offer no evidence that the four ten-minute samples they collected represent the peak-hour L_{eq} . The procedure for estimating noise impacts presented in the DEIR would be acceptable for a project where noise impacts are not considered significant; however, in light of the fact that the neighborhood has complained to Kaiser about the present level of

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noise generated by the hospital, ANY additional source of noise should be considered significant: a more detailed discussion of impacts is needed.

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The use of dBA values provides a method of comparing the relative noise levels of activities. However, the values do not necessarily provide any indication of the impacts associated with exposure to these noise levels. For example, most people would not consider exposure to a half hour of vacuum cleaner noise a day (70 dBA (L_{eq})) significant, but would consider exposure to a lower level (for example 65 dBA (L_{eq})) for many hours a day significant. At present, residents in the project vicinity are exposed to a continuous noise source (ventilation equipment on the Kaiser Tower) and the proposed project would add another continuous noise source to this. The DEIR completely fails to address the exposure duration to noise from the proposed project.

134

In conclusion, my main objections to the noise section of the DEIR are: the document is wrong in assuming that traffic is the main source of noise in the immediate project vicinity. Roof top ventilation on the Kaiser Hospital Tower is the main source; noise may be a significant impact of the project given that the present condition generates complaints from the neighborhood; therefore, the procedure used in the DEIR is not of sufficient scope to address the problem, and there is no discussion of duration of noise in combination with noise level. A lower level over a long period is much more annoying and possibly unhealthy than a high level over a short period.

The DEIR provides a limited discussion of growth-inducing impacts associated with the MOB but shows little understanding of Kaiser's position in the neighborhood. The authors of the DEIR use such infallible logic as "However, this is a developed urban area that already contains a considerable population. Therefore, the project would not result in significant adverse growth inducing impacts." One is led to believe from this statement that in an urban environment, significant growth inducing impacts are not possible. However, inducing the conversion of medium density residential land use to intensive institutional land use is growth inducing.

135

Kaiser presently owns a number of properties along 38th street and Cerrito Avenue. Kaiser has stated in neighborhood meetings that it does not intend to enter into the real estate business nor does it intend to sell the properties it owns. It would just like to keep them. When an institution such as Kaiser buys property, one is drawn to the conclusion that it plans to develop the property. No discussion of Kaiser's plans for the property it owns in the project area was provided in the DEIR. The future land use of this property will most likely be determined by the success or failure of Kaiser's plan for the MOB. If Kaiser encounters municipal resistance in acquiring zoning and

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Comprehensive Master Plan changes for the MOB project, it would be less inclined to try to develop its other properties in the area. If Kaiser meets little resistance, it may decide to keep all the property it owns in the area for future development. This is a serious deficiency in that the DEIR does not address Kaiser's plans for the rest of the property it owns in the area, and furthermore that it does not discuss the potential impacts to these properties (and the surrounding neighborhood) of decisions made about this project.

Kaiser has already demolished twelve residential units on Howe Street in preparation for this project. The DEIR fails to include this loss of housing in its discussion of impacts. Present plans call for the demolition five additional units of housing and the donation of one unit of housing. Since the Comprehensive Master Plans's goal of no net loss of residential housing is violated by Kaiser's present development plan, the DEIR suggests donating one additional single family structure to the City or a non-profit organization. Following this suggestion, the DEIR makes the absurd claim that these donations will mitigate the loss of 18 units of housing. The DEIR nowhere states the feasibility of a non-profit organization or the City moving the houses and bringing them up to code. The single family dwelling which Kaiser proposes to donate will be used for a construction office during construction of the MOB. The DEIR fails to discuss how this will affect the suitability of donating this house afterwards. My guess is that the house will be trashed by the construction process: it will not be economical to move, bring up to code, and repair the house. If Kaiser is to truly mitigate the loss of housing due to this project, it should build enough equivalent housing in the area to replace what it destroyed.

Kaiser's proposed design for the MOB is grossly out of scale with the neighborhood, in violation of the Comprehensive Plan. The proposed MOB reaches a maximum height of 60 feet, twice as tall as neighboring buildings, and extends for 270 feet along Howe Street and 90 feet along Cerrito. The photomontage on page 78 (compare this to the photograph on page 71) shows a massive building dominating the neighborhood. In order to mitigate against this, the DEIR suggests planting trees along the perimeter of the project site (redwoods, I assume), use of light colored stucco for building facing (perhaps a nice pastel), and (I love this one) "a landscaped atrium providing pedestrian access would be provided along the Howe Street frontage between the proposed Medical Office Building and the existing Hospital campus, in order to provide landscaped public pedestrian circulation space for neighborhood residents [emphasis mine], and Hospital employees and visitors" (page 5-6). The DEIR then claims that implementation of these measures would ~~reduce~~ impacts to less than significant levels. One wonders what planet the inventors of these measures came from. The MOB will remain a

massive building in a residential neighborhood no matter what color it is painted, no matter how many trees are planted along its perimeter and no matter how nice an atrium Kaiser provides for neighborhood residents, Hospital employees and visitors. These mitigation measures will not reduce the impacts to a level of insignificance. The impacts can not be reduced to insignificant without changing the design of the building. The ones offered are offered only because they will not cause Kaiser any additional expense or inconvenience since they all fit with Kaiser's present development plans. If the DEIR is to be adequate it must be either honest in describing impacts or provide real mitigation measures.

In addition to the above areas, there are a number of issues that I feel were not addressed adequately in the DEIR. Namely,

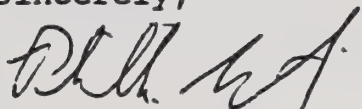
- The DEIR provides no mitigation for the increase in parking that will be needed. There is no evidence that the proposed TSM will provide for the additional necessary parking. An obvious mitigation measure that was not discussed is the construction of an underground garage. This discussion should be included in the revised DEIR. 140 141
- No real project alternative is discussed. All of the alternatives presented are dismissed out of hand with very little explanation. The notice of preparation (January 26, 1990) described a 79,700 sq. ft building. This project is not presented as an alternative and no discussion is provided as to why changes to the original design were needed. The 79,700 sq. ft. building is what I expected to see in the DEIR. 142 143

One last item I would like to comment on is the lack of monitoring required in the DEIR. Monitoring should be required to ensure that appropriate mitigation measures are implemented properly and that they do indeed decrease impacts to the neighborhood. Previous construction projects undertaken by Kaiser have resulted in an increase in crime in the surrounding neighborhood. Also, on November 4th of this year (yesterday) I discovered that Kaiser had installed electrical conduit on top of the fence separating my yard from the Kings Daughter's Home. As part of this construction, they installed a support pole (permanently mounted to the fence) in my yard without notifying me or asking my permission. Without notice, Kaiser's workmen entered my yard for the construction. This is just an indication of the attitude that Kaiser exhibits to its neighbors. If proper monitoring is not required, then there is no telling how many adverse impacts, large or small a massive construction project will have on the neighborhood. 144

Finally, let me end my letter by saying that I think the DEIR was

woefully inadequate in addressing possible mitigation measures. It restricted itself to only those measures that would not interfere with Kaiser's development plans. Since the DEIR was so poorly executed, I request that a second draft be issued and be made available for public comment. 145

Sincerely,

A handwritten signature in dark ink, appearing to read "Phillip Mineart". The signature is fluid and cursive, with a large initial "P" and a long, sweeping underline.

Phillip Mineart, P.E.

SETH H. RONALD
CHRISTINE A. BLOOMINGDALE
265 Thirty-eight Street
Oakland, California 94611-5609
(415)654-0594

RECEIVED

November 5, 1990

NOV 7 1990

PLANNING COMMISSION
ZONING DIVISION

Bill Quesada, Assistant Planner
Oakland City Planning Commission
6th Floor, City Hall
One City Hall Plaza
Oakland, California 94612

File No. ER88-45

Subject. Draft Environmental Impact Report: Kaiser Permanente Medical Office Building

Dear Planning Commissioners,

Having read the Draft Environmental Impact Report (DEIR) for the planned Kaiser Permanente Medical Office Building (MOB) we find it has numerous confusing, conflicting, and incomplete items that render it inadequate. For the reasons listed below we feel Kaiser should either produce a 2nd DEIR to cover the 123,000 sq.ft. building or, better yet, build a 86,000 sq.ft. based on this DEIR.

We have been members of The Kaiser Foundation Health Plan Inc., alone or together, continuously, for 33 years. We have resided on 38th Street for 11 years, Kaiser has owned the house we live in for the last 8 years. Our first knowledge that Kaiser planned to build the MOB came on August 10, 1984 when we came home to find a demolition notice posted on our front porch. Kaiser was planning to destroy seven houses on 38th St., 3 houses on Cerrito Ave., and 2 six-plexes on Howe St. to build the MOB and make ground level parking lots. Through negotiations with the Cerrito Neighborhood Association (CNA), PANIL, City Council Member Mary Moore, and Kaiser a compromise was reached. The compromise was Kaiser would destroy necessary buildings only when they started to build the MOB and no buildings would be demolished for parking. At this point they planned to build a 2-3 story building within 3 years. After one and-a-half years Kaiser realized it would not build the MOB so they decided to make a walkway across the vacant lot where the Howe St. buildings had been to provide access between the Howe St. parking garage and the Psychiatry Dept. in the Kings Daughter's Home. The Cerrito Neighborhood Association (CNA) objected to the creation of the new access to 38th St. and Cerrito Ave. and Kaiser agreed to put gates on each end of the walkway with combination locks that only employees would know. Since 1986 we have been in communication with Kaiser in our capacities as Vice-President and Community Coordinator for the CNA on the progress and design of the MOB.

Section I - Reasons for a 2nd Draft Environmental Impact Report

In the Initial Study prepared by Charles S. Bryant, Environmental Review Coordinator, 2-8-89, it describes the MOB as a 86,000 sq.ft (appendix A, DEIR)

while the actual size, according to the DEIR, is 123,000 sq.ft. The Initial Study covers 24 items which determine not only whether an EIR is necessary but the extent of that EIR. Since the Initial Study was based on a 86,000 sq.ft. building items which might have been checked as Yes or Maybe were checked as No. These items are; "1. Unstable earth conditions..." and "13. Carry the risk of explosion or the release of hazardous substances..."

In the Attachment to Initial Study the following problems might have been understated due to the 43% increase in size of the MOB. Items 16 and 18 mention the possible scope of traffic congestion as "...West MacArthur Blvd., Piedmont Ave., Howe St., and Broadway". Unfortunately the DEIR takes this to heart and seems to limit the extent of possible congestions to this area. If the larger size of the building had been known the scope might have been enlarged.

147

Also in items 16 and 18 the following study is called for. "A thorough analysis of pedestrian volumes and travel patterns, with and without the project, should be undertaken, and mitigation measures should be identified." This study was done only for Howe St./MacArthur Blvd. and should be extended to include at least 38th St., 40th St., 40 St. Way, 41st St., Broadway, Cerrito Ave., and Piedmont Ave. because of the increased size of the MOB.

148

Attachment item 22 says "To mitigate any potential impacts on this possible historic district, the scale, massing, and detailing of the MOB should be made as compatible as possible with the adjacent residential neighborhood." In answer to this recommendation by a City of Oakland official Kaiser gave Howe St. a four story wall to look at, did not attempt to shift the bulk of the building, and increased the size of the building by 37,000 sq.ft.

149

In the City of Oakland Notice of Preparation, 1-26-90, the MOB is 79,700 sq.ft. (appendix B, DEIR). Eight months before the DEIR is issued the MOB seems to have shrunk by 6,300 sq.ft. for no apparent reason other than to make the people to whom the Notice is sent underestimate the impact of a building that would be 43,300 sq.ft. larger. This Notice appears to accompany a copy of the Initial Study which was sent to at least two State of California Departments (Dept. of Conservation and Dept. of Transportation) and an unknown number of other "Responsible Agencies". Any estimates made by these agencies are based on the incorrect size and they must be given a chance to comment on the 123,000 sq.ft. building at the beginning stage of the DEIR so any recommendations they make will be incorporated into all aspects of the DEIR.

150

In the Notice of Preparation on 1-26-90 the MOB is 79,700 sq.ft. In DEIR, #ER-88-45, issued on 8-21-90 the MOB has grown to 123,000 sq.ft. an increase of 54% apparently without notifying the Planning Commission. Nowhere in the DEIR is the change or reason for the change documented and for these reasons a new Initial Study should be done and a new DEIR submitted based on the real size of the MOB. If this DEIR is used it must be for a 86,000 sq.ft. building maximum.

(146)

Section II - Parking

Currently Kaiser employees, patients and visitors use 314 on-street parking places (Table 8, p. 112). The assumption throughout the DEIR is that this is O.K. now and will be fine in 2002 (Table 17, p. 131). This situation is unacceptable NOW! Kaiser must be made to provide at least the minimum number of 1,952 spaces required by Kaiser Project Standards Manual (p. 134). Presently Kaiser has only 1,279 (Table 17, p. 131, discounting footnote /c/

151

since these spaces are further than 300 ft. from the project and the leases are not guaranteed) and are therefore short by 473 spaces. To minimize this parking shortage Kaiser plans to eliminate 12 off-street spaces (p. 132) and 13-25 on-street spaces (based on Howe St. drop-off proposal, Planning Commission Meeting, 9-19-90).

Kaiser has brought these parking problems into the Cerrito Neighborhood and they must be the ones find and fund the solutions. The Residential Permit Parking Program (p.146) must be implemented now at Kaiser's expense. The Transportation System Management program must be implemented now to see if it does reduce the parking demand to the 73% drive-alone level mentioned in the DEIR (p. 144). Kaiser has to prove it can manage and mitigate the current parking problems they have caused before being allowed to build the MOB.

152

We know it is hard for visitors to Kaiser who use the parking garages to think there is a problem with finding on-street parking. Because of Kaiser and Post Office employees there are no parking spaces available on 38th St., above Broadway and on Cerrito Ave. from about 7:00AM to 4:00PM except for spaces left by residents. A sign must be posted on 38th St. to inform people turning off Broadway that there is no thru traffic allowed to discourage people from circling the block looking for non-existent parking.

153

Section III - Open Space and "Water Feature"

The DEIR suggests as a mitigation measure a "plaza with landscaping, a water feature, and seating areas ...This plaza could serve both the community and Kaiser employees." (p. 220). This is an idea that would be fine in downtown Oakland but in the middle of a residential area with lawns and front porches it is a bad idea. Such an area open to the public would provide a place for loitering, vandalism, and a good view point for "casing" a residence. We would support a landscaped area with a static sculpture but if benches are to be put in then the area must be fenced in for use by Kaiser employees only and have no entrance or exit onto Cerrito Ave.

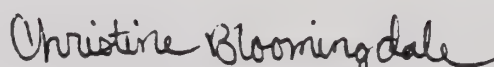
154

Kaiser's slogan is "good people, good medicine" unfortunately they are proving to be lousy neighbors. A good neighbor would attempt to solve problems they are causing before burdening the neighborhood they are part of with a massive construction project. A good neighbor would try to conceive of a building that is compatible with its neighborhood not one that towers over everyone with its sheer size and number of problems it will cause. Kaiser should design a 79,700 sq.ft. as they seemed to have originally planned, this would be the best mitigation as all the problems caused by the MOB would be reduced in scale and made more manageable.

Sincerely,



Seth Ronald



Christine Bloomingdale

To: Bill Zuesada, Assistant Planner.

I am writing this letter as a concerned Oakland resident, regarding Kaiser Hospitals DEIR for the new Medical Office Building. There are several problems related to the addition of this building to our neighborhood.

For one, the size of the MOB - In the initial study it was 86,000 sq. feet, but in the DEIR report, it is 123,000 sq. feet. A new study ought to be done based on the building's actual size.

155

Regarding the Kaiser master plan, Kaiser should be made to develop a public master plan which will encourage growth along Broadway + MacArthur Blvd, rather than into a residential neighborhood such as ours.

156

Kaiser should also be able to supply enough parking for its employees and patients. The DEIR says 162 employees park

on the street daily and the MOB will add another 95 employees while eliminating at least 12 spaces.

157

With regard to pollution - carbon monoxide concentrations currently exceed State and Federal standards at three intersections - the increase in traffic due to the MOB will make this worse. Kaiser currently emits over 145 pounds of Toxic Air Contaminates (TAC) a year into a residential area - the MOB will increase these emissions.

158

159

Kaiser should reduce its TAC's before being allowed to build.

5. Crime - the MOB will increase the patient's population but the DEIR makes NO provision for the increase in criminals. This will bring while the Oakland Police Dept. does not anticipate a need for additional personnel or equipment.

160

I have a problem with this building being built into a

residential neighborhood,
especially my own. Please
read this letter carefully.

Sincerely,

Zoe Bolton
256-38th St
Oakland Ca

94611

PANIL

**PIEDMONT AVENUE
NEIGHBORHOOD IMPROVEMENT LEAGUE**

PLEASE REPLY TO:

RECEIVED

NOV 5 1990

PLANNING COMMISSION

ZONING DIVISION

5 November 1990

4037 Howe St.
Oakland, CA 94611
(415) 655-4438

BY HAND

Charles S. Bryant
Environmental Review Coordinator
Oakland Planning Department
421 Fourteenth Street
Oakland, California 94612

**RE: Transmittal Of PANIL's Response To The DEIR
For Kaiser's MOB**

Dear Mr. Bryant:

Transmitted with this letter are the original and three copies of PANIL's Response And Comments To The Draft Environmental Impact Report For The Kaiser-Permanente Medical Office Building. This document is the product of several months of hard work by a committee of PANIL members.

This Response points out the DEIR's failure to properly analyse the MOB's impacts on: (1) Parking, (2) Pollution, (3) Design, (4) Noise, (5) Public Safety and (6) Other Impacts. It also points out the DEIR's failure to adequately discuss various impacts during construction and the total failure to discuss a mitigation monitoring program. Finally, the DEIR does not seriously consider alternatives to the project. None of the alternatives set out in the DEIR are seriously considered, some are totally unrealistic. Alternatives that we have discussed for years and which were included in our April 21, 1989 to you are not even addressed.

In view of the many inadequacies in the DEIR, PANIL believes that a second DEIR should be prepared and circulated for comments. Without the chance to comment on a DEIR that contains adequate information (including survey data that PANIL is unable to collect) neither the community or the policy makers can realistically evaluate the impacts caused by this massive project.

Charles S. Bryant
5 November 1990
Page 2

As we noted in our letter of April 21, 1990, we would be happy to discuss this matter with you or the consultants at any time. Please inform us of any further action in this file.

Very truly yours,

Piedmont Avenue Neighborhood
Improvement League (PANIL)

by: 
H. E. Christian Peeples,
Its Chair

HECP/kpr

cc (w/attachment): Alvin D. James
James A. Vohs
Thomas DeMartino
Ronald Treleven
Wendall A. Mitchell, Esq.
Piedmont Avenue Merchants Assn. (PAMA)



PIEDMONT AVENUE NEIGHBORHOOD IMPROVEMENT LEAGUE

**RESPONSE and COMMENTS
to the
DRAFT ENVIRONMENTAL IMPACT REPORT
for the
KAISER-PERMANENTE
MEDICAL OFFICE BUILDING (MOB)**

File Number ER-88-45
Document Dated August 21, 1990

November 5, 1990

Acknowledgments

This document is a Piedmont Avenue Neighborhood Improvement League (PANIL) collaborative effort. It has been the subject of articles over several months in PANIL Notes. All PANIL and Cerrito Neighborhood Association (CNA) members were invited to participate in its creation, either by being members of the drafting committee or by criticizing the various drafts as they came out. The penultimate draft was brought to and reviewed at the PANIL meeting of 1 November 1990 and received a unanimous vote of approval. We wish to thank all those who reviewed the Draft EIR and our Response and provided the drafting committee with valuable advice and criticism.

In particular, we wish to acknowledge the members of the drafting committee listed below. They have each given dozens of hours to this effort.

Michael Bass
George Csicsery
George Horton
Antonia Lattin
Loa Lovely
Karen McRobie
Philip Mineart
Edward Mirzaian
Flora Mirzaian
H. E. Christian Peeples
Molly Walker
Valerie Winemiller
John Woodbury

Our thanks to each of you.

Piedmont Avenue Neighborhood
Improvement League (PANIL)

EXECUTIVE SUMMARY

Kaiser-Permanente's proposed Medical Office Building (MOB) will place a building the length and breadth of a football field and the equivalent of six stories high in the Piedmont Avenue neighborhood. The Draft Environmental Impact Report presents a numbing array of numbers to bury the fact that the project is too big to fit on Kaiser's lot and does not satisfy zoning requirements. Rather than require a reduction in size and mitigation of negative environmental impacts on the site, the City proposes to allow Kaiser to push more impacts onto public streets and into the neighborhood.

The Draft Environmental Impact Report (DEIR) is woefully inadequate for the following reasons.

**** Parking.** Although 336 to 476 parking spaces are needed for the building, none are proposed. The proposed project would allow an estimated 10 percent growth in Kaiser's patient population (about 20,000 more people) and over 300 employees would commute to the building. In addition, because of the new MOB, an additional 100 employees would commute to the hospital complex. Yet existing garages will only provide 30 spaces for the development. Kaiser proposes, and the DEIR recommends, not a single on-site parking space. Kaiser already dominates over 300 on-street spaces--half of all available spaces in the immediate neighborhood. Kaiser proposes a dramatically increased use of these on-street spaces to make up for Kaiser's large deficit of off-street parking and unproven measures to increase the use of public transportation.

161

**** Pollution.** Kaiser-induced pollution already exceeds legal state and federal standards. Congestion, traffic, pollution, and parking impacts will not be mitigated for the MOB as proposed. The only significant proposed mitigation is an unproven transportation plan that is not appropriate for Kaiser Oakland. The DEIR does not address increases in toxic pollutants released from the hospital that will result from the MOB-allowed expansion of Kaiser's patient population by 20,000 people.

162

163

PANIL Response to Kaiser MOB DEIR

**	Design. Comments regarding the building's design and other environmental impacts submitted by PANIL in 1989 have not been addressed.	164
**	Noise. No specific noise mitigation measures have been proposed, although soon-to-be-increased existing levels are already unacceptable by established standards for residential areas.	165
**	Public Safety. Potential public safety hazards have neither been assessed nor mitigated. Increased runoff and flooding are not mitigated.	166
**	Construction. No neighborhood liaison is proposed during the construction phase. The parking needs of construction workers have not been addressed. The DEIR also fails to prescribe construction haul routes to mitigate neighborhood disruption.	167 168
**	Alternatives. Alternatives to the proposed project have not been seriously considered. Time and again Kaiser representatives have told the neighborhood group that no more expansion is planned, while the institution has quietly bought and continues to negotiate to buy additional residential properties on 38th, Cerrito, and Howe Streets. If Kaiser needs to expand, it should consider growth along the major streets and toward the existing medical facilities at Pill Hill rather than into existing residential neighborhoods. Noticeably lacking from the DEIR is serious consideration of the alternative of Kaiser development at the MacArthur/Broadway Center.	169 170
**	Other Impacts. The DEIR fails to address numerous other possible environmental impacts. It does not justify why the proposed building has mushroomed from 79,700 square feet to 123,000 square feet. It fails to mitigate the loss of 17 housing units.	171 172
**	Monitoring. The document is legally inadequate because no monitoring program for the proposed mitigations has been identified.	173

- ** Oakland Comprehensive Plan.** The MOB project as proposed violates the Comprehensive Plan. The DEIR fails to consider the total impact of continued and chronic Kaiser campus growth. The City has not required that Kaiser develop a master development plan although major projects (and major impacts) have occurred, on average, every five years since the 1950s. Kaiser's "campus" is our neighborhood. Unless the hospital "overlay" zoning is removed from the remainder of Howe Street, this uncontrolled development will continue to destroy housing and exacerbate severe environmental impacts in the Piedmont Avenue neighborhood. 174
- ** City Complicity in Unchecked Kaiser Growth.** The City ignored the neighborhood group's request to require the now-under-construction Kaiser power plant, the proposed demolition of the Fabiola Building, and the MOB construction to be treated as one integrated project. 175

Mitigation options for the MOB are now restricted. And more Kaiser growth has been allowed without looking at the big picture. 176

PANIL strongly objects to the Planning Commission adopting the August 1990 DEIR as the Final EIR. PANIL urges the Commission to seriously consider: (1) development at the MacArthur/Broadway Center, and (2) a combination of Alternative B (reduced size building) and F (alternative design), with full mitigation as described in PANIL's response and comments to the 21 August 1990 DEIR.

Because of the many inadequacies in the DEIR, PANIL requests that a second Draft EIR be prepared and circulated for comments and that all inadequacies, omissions, and errors, as detailed in PANIL's response, be addressed in the revised document.

PANIL also requests that the Planning Commission make the following conditions prerequisite to approval of the MOB project, whichever development alternative is specified by the Commission. These recommendations, and the entire 62-page PANIL response, were unanimously endorsed by the general membership on 1 November 1990.

PANIL Response to Kaiser MOB DEIR

Before any building permits or other City approvals are issued:

1. The building should be redesigned to be more compatible with neighborhood structures, to provide off-street vehicle access, and to provide all of the required 466 off-street parking spaces, preferably in a below-grade parking structure. (161) (164)
2. Kaiser should implement and show actual results of the proposed transportation plan; any reduction in the required number of off-street, on-site parking spaces must be justified using actual and sustainable reduced vehicle trip results at the Kaiser campus. 177
3. Exceptions to the City's Comprehensive General Plan should not be allowed.
4. A legally binding Development Agreement providing for a 30-year master development plan for the entire Kaiser Oakland medical campus should be developed with neighborhood input and approved by the City. (174)
5. The S-1 overlay should be removed from the rest of Howe Street. (175)
6. A preferential residential parking program should be developed and set in place at Kaiser's expense. 178
7. Kaiser should be required to install pollution control devices to reduce toxic emissions from the hospital sterilizers. 179
8. Kaiser should be required to install baffles and other equipment to reduce noise emanating from the hospital before additional noise-generating activities are allowed to occur. 180
9. Review and comments should be solicited from all appropriate agencies, including the Oakland City Fire Department regarding public safety impacts and mitigations; the Bay Area Air Quality Management District regarding increased pollution from traffic generated by the MOB, failure to meet standards, and the lack of pollution control equipment on the hospital sterilizers; and as requested by the State of California, a geotechnical engineer and/or an engineering geologist regarding a post-Loma-Prieta site inspection. 181 182

To be adequate, the DEIR must require these measures to be implemented BEFORE the City authorizes the project's

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A. INTRODUCTION

Kaiser Foundation Health Plan is a major presence in Oakland and, through its Oakland Medical Center, an overwhelming presence in this neighborhood. Kaiser provides many of us with our health care, contributes strongly to the commercial vitality of Piedmont Avenue, provides a major source of highly paid unionized jobs, and is a massive physical presence in one corner of the neighborhood.

There are many positive aspects to Kaiser, the health care provider, and its presence here; there are also many negative aspects to Kaiser, the developer, and its massive proposed MOB. It is Kaiser's responsibility and that of the City to ensure that the burden of Kaiser's presence rests as lightly on the neighborhood as possible. It is in that spirit that PANIL and its Cerrito group have attempted to deal with the Draft Environmental Impact Report ("DEIR") for the new Kaiser Medical Office Building ("MOB"). While most of the following comments are negative, they are not meant in any way to demean the positive contributions that Kaiser has made and is making to this neighborhood, Oakland, and all of northern California; rather they are meant to assist the City and Kaiser to properly assess the impacts of the proposed MOB and evaluate appropriate alternatives.

Unfortunately, as set out in the executive summary above and detailed below, the DEIR does not provide enough information for the City's decision makers or Kaiser's neighbors to assess the impacts that the MOB will have on its environment. Most importantly, this 123,000 square foot building will have zero new parking spaces, sending at least 1,000 additional cars per day roaming the neighboring streets looking for on-street parking. Even this figure may be significantly underestimated (see Section C.3 below). Not only will this worsen the already serious

PANIL Response to Kaiser MOB DEIR

traffic and air quality problems inadequately discussed in the DEIR, but it will exacerbate an already intolerable parking situation in the neighborhood and saturate the newly built merchant's parking lot. In addition the DEIR is deficient in its discussion of: (1) design of the MOB, (2) hazardous materials, (3) waste, (4) noise, (5) public safety, (6) construction, and (7) infrastructure problems. The DEIR totally lacks discussion of a mitigation monitoring program and any serious discussions of possible alternatives.

These deficiencies are so serious that the DEIR must be redrafted and recirculated so that the public will be able to realistically comment on possible impacts and the mitigations proposed. We hope that these comments will help the City and its consultants in drafting a revised DEIR.

B. HISTORY OF THE PROJECT

1. Introduction

Kaiser has been undertaking major construction projects in the Piedmont Avenue neighborhood every five years, on average, over the last thirty years. PANIL has been dealing with this specific project for at least six years. We believe it is 183 important to briefly touch on this history so that everyone can understand some of the hidden impacts of this project and the neighborhood's reluctance to accept claims regarding the urgent need for the project.

2. Previous Evictions Without Community Involvement

PANIL first heard of plans to build the MOB from Kaiser's residential tenants on 38th and Cerrito Streets who requested PANIL's help in resisting eviction. Those tenants reported that Kaiser's property manager David Van Noy had promised them long-term tenancy, then told them that Kaiser intended to destroy their homes to provide ground level parking for Kaiser employees.

In August 1984, while meetings regarding the possible evictions were going on, Kaiser took out demolition permits for 12 buildings on 38th, Cerrito, and Howe Streets. Those 12 buildings included 25 low to moderate income rental housing units. That threat led to the formation of an active PANIL sub-group -- the Cerrito Neighborhood Association (CNA) -- and a series of meetings among Kaiser (primarily represented by Mr. Van Noy), PANIL, CNA, and Oakland Councilmember Mary Moore.

3. Demolition of Buildings and Vacant Site Since 1984

Meetings continued through November 1984 and resulted in an agreement that Kaiser: (1) would not make plans for any of the

PANIL Response to Kaiser MOB DEIR

properties without community involvement, (2) that no demolition would take place until plans for affected properties were finalized and necessary permits, variances, and approvals obtained, and (3) that no such permits, variances, or approvals would be sought without advance notice to the community. In return, and as an expression of good faith, area residents did not oppose the demolition of the 12 low to moderate income rental residential units on Howe Street. That demolition occurred in December 1984.

Kaiser had claimed that the immediate demolition of the residential units on Howe Street was necessary because the space was urgently needed for temporary medical offices. (That space has been vacant since 1984 and perhaps will have office space on it by 1991--seven years after the housing was torn down.)

4. Failure to Give Notice Prior to Additional Demolition Permits

On 4 February 1985, one of Kaiser's tenants, Paul Ziff, discovered that contrary to its agreement, Kaiser had taken out demolition permits for six units on 38th and Cerrito Streets, along with the excavation permits necessary to disconnect those units from the sewers. That unfortunate incident led to another round of meetings, this time quite well publicized (see Tribune 13 February 1985, Page A 1, and Montclairion 19 February 1985, Page 1). It was also part of the impetus for the enactment of Oakland's new demolition ordinance.

More importantly, it led to the involvement of Kaiser personnel with more authority and less of a tendency to mislead the community than Mr. Van Noy. Bob Hughes and later Bob Eisenman of Kaiser's Public Relations Department, Tom DeMartino, Peggy McGuire, and later Ron Treleven from the Medical Center

and John Adams from Architectural/Engineering Services and others all have participated in meetings over the last five years.

5. Current Proposal Different From Project Described in Initial Consultations

Unfortunately little of what was discussed in previous neighborhood meetings has made its way into the final development proposal. The MOB that was discussed in those meetings was smaller--more in line with the 79,700 square feet discussed in the Notice of Preparation signed by Mr. Bryant on January 26, 1990 than the 123,000 square feet of the DEIR. The bulk of that MOB was to be toward the tower; as recently as a year ago the Mirzaianes, the next door neighbors, were told that the bulk of the building would be toward the tower. There have been preliminary design drawings and models shared, none even faintly resembling this proposal. (171)

There were extensive discussions about the need for the hospital to internalize its environmental and economic costs. For example, the parking problem should be solved by the hospital, not displaced into the community by putting an ever-increasing number of cars on the street or destroying low-cost housing to build ground-level parking. Drop off should be accommodated on hospital property, not by endless double parking or by eliminating on-street parking. None of these issues seems to have made its way into the final project. (161)

Those discussions were always identified by Kaiser as preliminary and we do not claim a repeat of the unfortunate events of 1985, but the discussions were about a very different building. Most of the comments that we make in the response have been made over and over again, seemingly to no avail.

C. PARKING

1. Introduction

Parking in the Piedmont Avenue neighborhood is already at crisis proportions due in large part to Kaiser's pre-MOB-project operations. The magnitude of the crisis is documented in the Draft Environmental Impact Report (DEIR). Any increase in this negative neighborhood impact is unacceptable. Yet the project (171) as proposed provides no parking on site.

The DEIR describes no "significant" impacts with Kaiser's proposal of:

- ** no new parking facilities for the 123,000 square-foot building, although 336 to 476 new spaces will be needed (see boxed information in Section C.4 on Page 12) (161)
- ** a projected 10-year deficit of 141 spaces, using a hybrid calculation of demand that is less than any of the three 184 established methodologies briefly mentioned in the DEIR (see boxed information on Page 12)
- ** an assumed continued leasing of existing spaces in the MacArthur/Broadway Center (current lease expires in 1996), located over 300 feet from the proposed building site, and 185 therefore by City of Oakland zoning codes not to be considered feasible for use by the building's occupants and visitors
- ** increased use of on-street parking by Kaiser (existing use 186 of on-street parking spaces is already 48 percent, Page 112)

** using only initial and 10-year projections of growth in Kaiser's patient and staff populations made possible by the construction of the MOB, instead of the full impact resulting from growth over the about-50-year life of the project (Page 214) 187

PANIL and CNA members have spent many hours deciphering the DEIR's parking analysis and its inadequacies. The results of the review are presented below. It is a necessarily technical analysis.

2. Inaccurate Determination of Existing Use

There are two elements of parking demand created by the MOB. The first is patient and visitor parking; the second is employee parking.

a. Patient and Visitor Parking

No one goes to Kaiser without having to wait; few if any visits can be accomplished in half an hour. The existing fee structure in the Kaiser parking garages keeps people from fully using the facility. Only the first half-hour is free; each additional half hour is 50 cents (Page 101). For those unfortunate people who have to be at Kaiser for a long day (nine hours or more) while awaiting news about or comforting sick relatives or friends or while receiving treatment themselves, the fee is the maximum daily rate of \$8.50.

There are adequate spaces available for those patients and visitors willing and able to pay the garage fee now. Still, at least 20 percent (and probably over 25 percent) choose to park on the street (see Section C.2.c below). There will not even be spaces available for those willing to pay in the garage once the new MOB is constructed. 188

b. Employee Parking

Even with the newly implemented shuttle from BART to Kaiser, many employees still park on neighborhood streets. In addition, the existing staff garage on Howe Street is used beyond capacity (spill over to patient garage is documented in the DEIR). Kaiser intends to mitigate the substantial increase in employee parking demand with a transportation system management plan.

The proposed transportation system management plan is so woefully inadequate that PANIL has addressed comments on the plan in a separate section below (see Section E). The ill-defined plan and its inevitable failure will result in drastic neighborhood impacts by further increasing already unhealthy levels of carbon monoxide pollution (see Section D) AND by further squeezing neighborhood residents out of the few remaining on-street parking spaces not already occupied by Kaiser. 189

c. Questionable Surveys

Three separate surveys were conducted to calculate on-street parking use. The first survey of on-street parking use by patients and visitors resulted in data indicating that over one-fourth of Kaiser's patrons and visitors use on-street parking (Appendix C, 7-31-89 Survey, Analysis of Variable 8).

The second survey was of employees. Rather than being done at the same time as the first survey, it was conducted later (after Kaiser had instituted a BART shuttle service, Page 93). Even with the new shuttle, it showed over 16 percent of the employees park in on-street spaces (Appendix C, 6-7-90 survey, Page 22). This survey also included the enticement of winning money in a raffle drawing of respondents. Such a technique raises questions of an introduced bias (Appendix C, February 16, 1990 Letter). In addition, Kaiser employees are routinely 190

observed parking outside the area surveyed for on-street parking use, specifically above 41st Street. Therefore the defined area of impact is inadequate.

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The third survey was done because the first patient/visitor value of on-street parking use was "higher than reasonable" (Page 93). The second survey showed about one-fifth of the Kaiser drivers parked on local streets (Page 107). However, no survey form or list of questions asked is presented for this third survey in Appendix C; only a brief, two-page summary is presented. **THERE IS NO SUPPORTING DATA!**

192

Because of the problems, inconsistencies, and omissions of these three surveys, the reported use of 314 on-street parking spaces by Kaiser must be considered a lower-end estimate (Page 112).

193

3. Underestimation of MOB-Generated Parking Demand

The DEIR underestimates parking demand by underestimating the number of trips that will be generated by the MOB. Both the initial CEQA study and the DEIR refer to the Institute of Transportation Engineers, Trip Generation, 1987. The CEQA initial study uses a factor of 5.9 trips per employee (Appendix A); the DEIR uses a factor of only 4.42 trips per employee, citing the same source (Page 120). These are assumed to be round trips, meaning the number of trips is actually doubled.

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Trips create traffic and traffic creates pollution, congestion, and parking demand. The number of additional trips generated as a result of the MOB is a critical estimate. Yet this significant number has been underestimated in the DEIR. Using additional information buried in Table 18 on Page 135, one applies a factor of 34.17 trips per 1,000 gross square feet of medical offices to the proposed building size of 123,000 square

195

feet. By that calculation, the new MOB can be expected to generate over 4,200 new vehicle trips every day (over twice as many trips and resulting impacts as most sections of the DEIR discuss).

Kaiser proposes to mitigate this underestimated impact by implementing a transportation system management plan, discussed below in Section E. Why hasn't such a plan been implemented (189) already?

4. Incorrect Claim of Off-Street Parking Provision

The authors of the DEIR are in error when they say "required off-street parking will be provided in the existing Kaiser Medical Center parking garage directly to the east" (footnote "f" in Table 5, Page 62). The existing parking garages are already used extensively. With the standard assumption of 95 percent occupancy (Page 110), there are only 42 "excess" spaces which can be used for the MOB-generated parking demand. Since the proposed development is eliminating a net 12 off-street parking spaces (161) (Page 132) and an undisclosed number of on-street parking spaces, only a maximum of 30 spaces are effectively available for the new development. This represents only 7 percent of Kaiser's own parking standard ($30 \text{ spaces available} / 425 \text{ spaces needed} = 0.07$ --see boxed information on Page 12) and only 6 percent of the MOB's parking requirements defined on Page 9 of the DEIR ($30 \text{ spaces available} / 466 \text{ spaces needed} = 0.06$).

The consultant's analysis of off-street parking is flawed in three ways:

- ** It assumes the parking garages will provide the needed (and 196 underestimated) 299 off-street spaces (Page 62)

- ** The 299 spaces needed are based on 1992 staffing levels rather than the much-greater ultimate expected staffing level over the life of the building 197
- ** The implication that leased spaces in the MacArthur/Broadway Center can be used to offset MOB-generated demand violates (185) the Zoning Regulation Section 7535(a) stipulation that parking be provided within 300 feet of the activity

The DEIR presents three different methodologies for assessing the new building's required parking facilities, then discounts all of them, including the City of Oakland's zoning requirements. The boxed information on the next page uses each methodology to calculate the parking spaces adequate to meet MOB-generated demand: a total of from 366 to 506 off-street parking spaces. Suspiciously, the DEIR did not calculate these numbers.

Also not addressed in the DEIR is where construction workers will park (see Construction, Section L.5, below). (167)

5. Failure to Acknowledge Actual Parking Demand

The project as proposed and "mitigated" in the DEIR violates the City's zoning codes and will result in continued and increased severe neighborhood impacts. The planning staff's 1/4-inch-thick analysis (Section IV.D of the DEIR) provides a wealth of information, then fails to address adequate parking based on that information. The summary table on Page 9 acknowledges the need for 466 new parking spaces. The City then abrogates its responsibility by doing nothing to require any new parking. Instead, it recommends that we wait and see if there are additional impacts and perhaps require additional parking in the future. Where would this parking be located? Not addressed. Who would pay for it? Not addressed. What standards would be 198

Parking Needed as a Result of the Full-Size Medical Office Building (MOB) Development

Three methodologies are presented in the Draft Environmental Impact Report to determine the need for additional parking concerning the MOB. Yet the Report ignores all three and proposes no off-street parking for the facility, a reduction of existing on- and off-street parking, and a 10-year deficit of 141 spaces of available parking due to the development. No estimate of the deficit of parking by the end of the typical 30-year life of a building is provided. Without such an analysis, use of a hybrid methodology is questionable.

The three methods of analysis listed but not seriously considered in the DEIR result in the following MOB off-street parking needs:

- 506 parking spaces using the Institute of Transportation Engineers rate for medical office buildings of 4.11 stalls per 1,000 gross square feet (4.11 x 123,000 / 1,000)(Page 132)
- 425 parking spaces using Kaiser's own Project Standards Manual (1952 x 218,000 / 198,000) - 1724 existing spaces (Pages 133-34), and
- 366 parking spaces using the City of Oakland parking requirements for outpatient services (Page 133) and projected 2002 staffing levels at the MOB (82 doctors x 3) + (240 other staff / 2).

Even with the use of the "excess" 42 spaces in the existing parking garage to offset the net loss of 12 spaces and the new demand, the new facility should include 476, 395, or 336 spaces, respectively. This equates well with the identified need for 466 new parking spaces on Page 9 of the DEIR. By comparison, Kaiser's consultants calculated the increase in parking demand (161) due to the MOB would only be 263 stalls (Page 137) or 299 stalls (Page 62). Yet no spaces would be provided.

Even DKS, the traffic consultant, admits that the MOB will result in a deficit of 141 spaces (Page 131). To reach this figure, the consultant counts all the spaces on the "campus," (185) including those at the M/B Center. The spaces at the M/B Center are over 300 feet from the MOB, thus cannot be counted under the City's regulations. If the existing short-term lease of parking spaces in the MacArthur/Broadway Center could not be renewed, the deficit would be 339 spaces, assuming no growth in Kaiser's membership and staff after the next ten years (Page 140). Again, no spaces would be provided. No rationale for not providing the additional needed spaces was included in the report.

used to determine that the already horrible parking situation had deteriorated enough to trigger some unspecified action? Not addressed. What input would Kaiser's long-suffering neighbors have in the process? Not addressed.

As documented in the DEIR and discussed in this response, the parking situation around Kaiser is already intolerable. To propose that Kaiser's neighbors wait until parking gets worse by an unspecified amount, then go through an unspecified process to have someone pay to put parking somewhere is scandalous. If there is going to be any "testing" of mitigation measures, it should be before the MOB is set in concrete (or styrofoam). The time to assure adequate parking is before a project is built; that is the function of a planning department and zoning codes. (171) (177)

6. Complex Interactions of Possible Mitigations Not Assessed

Parking, traffic, congestion, pollution, and circulation are all tied up in one messy problem that will be greatly worsened with the MOB project. The proposed mitigation is inadequate for many reasons, a primary one being that the interrelationship between these factors has neither been well defined nor well planned, as described below.

a. Residential Protection from Parking Impacts

The Draft EIR identifies a residential preferential parking program as a possible mitigation. However, it is not a meaningful mitigation as drafted. For example, implementation of a resident preferential parking program with two-hour parking will not alleviate the increased pressure from patients and visitors for on-street parking. Removal of the up to \$8.50/day parking fee at the patient garage would help, but anyone driving to Kaiser who sees an on-street space will park on the street. 199

Free patient parking would also further entice staff to pose as patients and park free of charge instead of using public transit or car pools. In addition, removal of the fee would encourage more patients and visitors to drive. This possible interaction is not analyzed in the DEIR. 200

The implementation of a residents-only program for neighborhood streets would be needed. Such a program is not defined. Therefore, also not addressed is how visitors to residents will be accommodated. Any program must include provision for these visitors. In addition, the establishment of a residential permit parking program would need to include the full area of Kaiser's impact on neighborhood streets. As inadequately defined in the DEIR, the area is bounded by 41st Street, MacArthur Boulevard, Manila Avenue, and 500 feet east of Piedmont Avenue. This is the area where over 300 on-street parking spaces (48 percent of the total) are already used exclusively by Kaiser. No surveys were conducted outside this limited area. Kaiser should also pay for any residential permit fees and costs of the City's establishment and administration of the program in perpetuity. (199) (191)

To be an effective and fair mitigation, the following additional components of any proposed parking mitigation plan are needed:

- ** Clear boundaries for where spillover parking is a problem, and thus a preferential parking program is needed. 201

- **** Specific alternatives for how such a preferential parking program could be designed. Absent good information in the DEIR, it seems that a two hour parking limit during the daytime, with stickers to exempt the cars of residents and their visitors might be the best solution. However, the residents should be surveyed to determine what systems best fit their needs. This must occur prior to the approval of the project. Resolution of this issue is crucial. 202
- **** The cost of any preferential parking program should be paid for by Kaiser. Kaiser has created the problem; they and not the residents should pay for the solution. (178)

b. Parking Fees and Public Transit Incentives

The mitigation of traffic, pollution, and parking impacts is complex. To simply state that an unproven and undefined transportation management plan will solve the problems is irresponsible and ridiculous. For example, if fees for staff parking are significantly increased, as proposed, to encourage car pooling and the use of public transit, it will also encourage staff use of the patient garage and of on-street parking spaces unless there are other mitigations to prevent this. This will displace additional patients and visitors from the garages onto neighborhood streets. 203

7. No Mitigation Monitoring Program

The DEIR is inadequate because it fails to mitigate severe parking impacts and fails to define a monitoring program for parking mitigation measures. See Section N. (173)

D. TRAFFIC AND AIR QUALITY

1. Introduction

Traffic and air pollution are complex issues. They will be made significantly worse with the project. The Draft EIR provides only a convoluted and ill-defined discussion of impacts and only partial mitigation of those impacts.

Air pollution from cars and trucks is concentrated where traffic congestion occurs. The microclimate at Kaiser Oakland should not be allowed to deteriorate to that typical of the infamous Los Angeles Basin. A recent University of Southern California study graphically illustrates the dangers of allowing air quality to further decline. Autopsies of 100 Los Angeles youths dying of nonmedical causes revealed that 80 percent had significant abnormalities in lung tissue and over one-fourth (27 percent) had severe lung lesions. The MOB as proposed allows a major step toward Los Angeles smog conditions in the Piedmont Avenue neighborhood.

Parking, circulation, and traffic impacts are already at crisis proportions, yet the DEIR assumes increased congestion, acceptance of the Howe Street/MacArthur Boulevard intersection at the worst level of service (a massive traffic jam), and increased violation of federal and state pollution standards. Proposed mitigation of these impacts is inadequate. The project as proposed pushes the Medical Office Building's impacts onto public streets and into the neighborhood. (162)

The Draft Environmental Impact Report fails to consider the development of the MOB as one phase of a continuing and massive construction project--the Kaiser Oakland campus (see Section F.3). The City's past failure to require a master plan for this (174)

massive complex is why parking, circulation, and traffic are severe problems in the neighborhood even before the MOB is considered.

2. Unacceptable Pre-Project Levels of Carbon Monoxide Pollution

The impacts of the proposed Medical Office Building (MOB) go far beyond the increase in congestion, noise, and increased travel times for neighbors, patients, staff, visitors, and doctors caused by substantial additional traffic. The proposal (162) assumes acceptance of continued failure to meet state and federal pollution standards for allowable carbon monoxide emissions due to increased traffic.

An estimated 11,400 vehicles travel Howe Street daily (Page 90); a large percentage of these trips are generated due to Kaiser. This is the equivalent of what eight-lane State Highway 24 carries during a peak commute hour (Page 88). Heavy traffic in the Kaiser "campus" area causes carbon monoxide pollution to exceed allowable 8-hour federal and state levels (Page 160). The project as proposed will generate another 780 pounds/day of carbon monoxide (Page 158), well in excess of the significant pollution threshold level of 550 pounds/day (Page 158). 204

3. Underestimation of MOB-Generated Vehicle Pollution

The additional volume of carbon monoxide that will be generated by trips to the proposed full-size MOB exceeds the critical impact threshold under all development alternatives except A (no project) and B and C (total building size reduced by one-half). Nothing in the report indicates Kaiser's employee population can be induced to ride-share, bicycle, and switch to

public transit commuting to effect a reduction capable of (162)
limiting the additional lethal carbon monoxide emissions to less
than another 550 pounds/day (see Section E).

As with the calculated parking impacts, the DEIR 205
underestimates additional carbon monoxide pollution by a factor
of two by underestimating the number of trips that will be
generated by the MOB (see Section C.3).

Once again, Kaiser proposes to mitigate this underestimated
impact by implementing a transportation system management plan,
discussed in Section E below. Why hasn't such a plan been (162)
implemented already? Pollution is already stated to be more than
allowed by law. Kaiser is a major generator of traffic. It is
proposing an undefined plan with unproven results as mitigation
of additional serious and unhealthy impacts of the MOB.

The DEIR defines the impact of carbon monoxide (CO)
pollution as "slight" (Page 159). Use of the word "slight" is
misleading. The impact is significant using the Bay Area Air 206
Quality Management District (BAAQMD) criteria. By using the word
"slight," the DEIR attempts to gloss over the problem. The
federal standard for CO concentrations is actually 9 (not 9.0)
parts per million (ppm). If scientific rules are to be followed,
the value only has one "significant figure," which means that
values compared to the standard are rounded to whole numbers.
Anything from 8.6 to 9.5 is rounded to 9; anything from 9.6 to
10.5 is rounded to 10. The increase in 1992 values is
significant: from 9.5 ppm without the project (rounded to 9) to
the underestimated 9.6 ppm with the project (rounded to 10) at
the Howe Street and MacArthur Boulevard intersection. By 2002,
the value will be 10.1 ppm (Page 160), once again based on an
underestimated number of vehicle trips. These increases are both
significant and unacceptable.

As discussed above, only 30 spaces are available in the existing garages, and that assumes a 95 percent occupancy rate can be achieved. This is far under the required 366 to 506 spaces that will be needed (see boxed information on Page 12). Allowing the MOB as proposed will not only result in increased competition for on-street parking spaces, it will also increase carbon monoxide and other vehicle air pollution emissions even further due to the cruising of would-be on-street parkers. This is not addressed in the document. 207

4. Increased Congestion and Unassessed Impacts on Public Safety

With the project added to other proposed developments, the Howe Street/MacArthur Boulevard intersection will degrade to a massive traffic jam during peak hours (Level F--the worst level of service defined in the Highway Capacity Manual, Page 125). Excessive delays caused by these conditions will produce even more pollution as cars idle while stuck in traffic. Delays currently occur at the Howe/MacArthur intersection, although the DEIR rates the existing level of service as free flowing (Level A--the best level of service defined in the Highway Capacity Manual). The accepted standard for transportation facilities is Level D or better (Page 112). Thus the MOB creates unacceptable and unmitigated congestion impacts. With the project as proposed, traffic will back up into the on-street patient drop-off area. (PANIL has consistently argued that patient drop-off should take place on hospital property. See, for example, Exhibit A.) 208

Congestion at these exasperating levels also leads to more accidents. Accidents are frequent at the MacArthur Boulevard/Piedmont Avenue intersection, yet statistics for this and other intersections have not been incorporated in the DEIR traffic discussion. 209

In addition, the DEIR fails to assess the impact of MOB-generated traffic on levels of service for the unsignalized intersections of the already very busy Piedmont Avenue and smaller neighborhood streets (Montell Street and Yosemite, Rio Vista, Monte Vista, and Glen Avenues). Residents on many of these streets must exit via Piedmont Avenue for every trip from home. Those residents report that Kaiser employees regularly park and "cruise" for parking spaces within and beyond the area analyzed by DKS. 210

5. Incorrect Claim of Mitigation Using An Unproven Plan Applied to the Entire Medical "Campus," Not the Specific MOB Site

The Draft EIR is to assess the impacts of the proposed project. Yet to be effective, the sole proposal for traffic, pollution, and parking mitigation depends upon implementing a transportation systems management plan for the entire Kaiser campus (see Section E). (177)

6. Failure to Consider Measures Other Than Unproven TSM Plan

The DEIR ignores or casually dismisses other possible mitigation measures. These include:

- ** requiring a substantially reduced-size building and on-site parking to realistically address the unavoidable pollution, congestion, and parking impacts of the full-size building 211
- ** mandating that Kaiser provide an OFF-STREET passenger loading zone on Kaiser property to reduce the congestion on Howe Street and conserve some on-street parking spaces, as originally requested in PANIL's letter to the Planning Department dated April 21, 1989 212

- ** requiring Kaiser to pay for a crossing guard to help pedestrian and traffic circulation between the parking garages and the MOB and also to enforce restrictions on parking and double parking so traffic doesn't back up along Howe Street and into the Howe-MacArthur intersection 213
- ** measures designed to reduce the use of Howe Street as a thoroughfare, such as the installation of three-way stop signs at the intersection of Howe and 40th Streets, although such a measure will increase carbon monoxide and noise pollution at the Howe/40th Street intersection due to increased stops and starts of cars and trucks 214 215

7. No Mitigation Monitoring Plan

The DEIR is inadequate because it fails to define a monitoring program for the proposed traffic and air pollution mitigation measure. See Section N. (173)

E. TRANSPORTATION SYSTEMS MANAGEMENT PLAN

1. Introduction

The Draft EIR tries to propose a 10 percent Transportation Systems Management (TSM) goal for the entire Kaiser "campus" as a possible mitigation. This is neither an adequate nor defensible mitigation in its present form.

2. Inadequate Information

The 10 percent TSM goal is probably too low, based on the experience in other jurisdictions and of employers where serious TSM measures were adopted. However, the DEIR contains inadequate information to allow an informed decision on an appropriate TSM performance goal. The limited references to the TSM results of other employers are inadequate (see Section E.4). 216

CEQA requires site-specific analysis. The EIR needs a more detailed baseline analysis, indicating more accurately through a more scientifically administered survey, for both employees and patients, how many people drive alone, how many carpool, how many use the BART shuttle, how many use AC Transit, how many are dropped off and picked up by someone else, how many walk, and how many bicycle. It needs to clearly identify where people live. 217

3. Unidentified Plan Components

The Transportation Systems Management mitigation as currently identified in the DEIR is discussed in far too cursory a fashion to be considered a meaningful mitigation. The DEIR needs to identify all of the key components of a TSM program.

These should include the following:

- (1) Specific performance standards for reducing single occupancy vehicle use
- (2) A monitoring program, involving at least annual traffic counts and employee surveys, paid for by Kaiser and administered by the City of Oakland or an independent consultant hired by the City of Oakland and paid for by Kaiser. The monitoring requirement must be ongoing, and not be subject to termination at a future date unilaterally determined by Kaiser
- (3) Clear and substantial penalties for failure to comply with the identified performance standards
- (4) Requirement for an on-site TSM coordinator
- (5) Requirement for transit pass and ticket distribution on-site for employees and patients
- (6) Requirement that all informational materials sent to employees and patients highlight the transit alternatives for traveling to and from the facility
- (7) Possible elimination of parking subsidies for employees, in conjunction with residential protection from parking impacts (see Sections C.4 and C.5)

4. Lack of Applicability of Single Example to Oakland

As "analyzed" by the DEIR, TSM is merely a shibboleth -- a word shouted at a problem in the hopes that the problem will go away. It is not a realistic response to the major traffic and parking problems endemic in this proposal. There is no (216)

indication in the DEIR that TSM can work or has ever worked in a project in an environment such as this one -- a large institution in an urban area surrounded by residential streets. The only example posited by the DEIR (Varian Corporation in Palo Alto) is totally inappropriate.

Kaiser's employees, patients, and visitors have already shown that they are not interested in taking public transportation. Many of us moved to this neighborhood because it is richly served by AC Transit and BART, yet 91 percent of Kaiser employees and 89 percent of Kaiser patients and visitors choose not to take public transit (Page 125). Small percentages walk, bicycle, or transport themselves in some other relatively benign way, but most take single occupancy automobiles. To postulate that TSM is more realistic than a Star Trek transporter beam, there must be a strong showing that TSM can work in this environment. Unfortunately, the only example in the DEIR does not provide that showing.

Varian occupies all of a large, multi-acre, low-rise (216) triangular industrial park on Page Mill Road in Palo Alto. It is surrounded on one side by Page Mill Road (six lanes, no parking), on another by Hanson (two wide lanes, no parking), on the third by another industrial park. The point of the triangle comes down on El Camino Real. The nearest residential district is a half mile to a mile away depending on where you are within the industrial park. That residential district is very small. The industrial park houses research and production facilities; thus, traffic from non-employees is negligible. The only parking realistically available to Varian employees is within the site and controlled by Varian. If Varian wants to impose a TSM, all it has to do is not build parking and give its employees the choice between something other than single occupancy automobiles or nothing. The situation at Kaiser could not be more different.

This lack of a showing that TSM can work in this environment is of particular concern because of the experience of the author of the traffic and parking section of the DEIR. That author, DKS, is the author of most of the traffic and parking studies done in Oakland. We presume that if there were a more relevant example, DKS would have included it in the DEIR. Since such an example is not in the DEIR we presume that none exists and that it is pure conjecture that a TSM can work in a large institution in an urban area surrounded by residential streets. If that is the case, a TSM is not a realistic solution to the problems posed by this project.

Before any TSM plan is allowed to serve as mitigation for any impacts identified in this DEIR there should be:

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- (1) identification of viable TSM programs in geographic situations similar to the Piedmont Avenue neighborhood,
- (2) a stringent permanent mitigation monitoring program (see Section E.7), and
- (3) a TSM trial lasting at least six months prior to the approval of the MOB so that City policy makers can have a realistic view of the mitigating effects of a TSM (see Section E.5).

5. Unproven Results and Kaiser's Lack of Action

As with any TSM program, it is essential that it be tested BEFORE project approvals are based on assumptions about how much the TSM will reduce traffic generation. To do this, the Draft EIR should indicate that the TSM program must be implemented now, and building permits issued only after the specified performance level is achieved. The TSM trial period should be at least six

(177)

months. This is the concept recently used by the City of Alameda in approving the Ballena Hotel and Office Complex at Ballena Isle in the City of Alameda.

Kaiser has not implemented a Transportation System Management plan although pollution already exceeds state and federal standards. In addition, a 1986 Oakland Chamber of Commerce task force identified existing parking problems at medical facilities (Appendix A, Initial CEQA Study). Kaiser has done little to alleviate the problems identified four years ago and now wants to make the parking situation much worse. Such lack of action should not be rewarded by allowing increased pollution, congestion, and competition for on-street parking spaces. In addition, PANIL has been informed by RIDES, the California Ride-Sharing Agency, that Kaiser Oakland is the only Kaiser facility in the Bay Area that has not yet implemented a TSM. A few weeks ago, late in the review process, Kaiser began advertising for a TSM coordinator. This timing calls into question Kaiser's long-term dedication to a TSM process and highlights the need for enforceable conditions of approval with long-term monitoring.

6. No Quantification of Expected Effects on Specific Impacts

The DEIR needs further analysis on the interaction of the proposed mitigations. For example, if a TSM program is proposed as a mitigation, how much of an impact will it have on air quality, on intersection levels of service, and on spillover parking into the neighborhood? If preferential parking is implemented, that will take away street parking for employees and possible patients. As a result, how many Kaiser employees and patients will need to stop driving alone to Kaiser in order for parking supply and demand to balance? It is not reasonable to assume a substantial number of patients, especially those who are

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sick, will switch from driving to public transit. Other mitigation interactions not addressed in the DEIR are discussed in Section C.5.

7. No Mitigation Monitoring Program

Kaiser's neighbors and the City are given no evidence in the beginning that a TSM can work and no way to prove, after the fact, that a TSM did not work. Without a stringent and permanent mitigation monitoring program which specifies performance standards, methods of monitoring, and penalties (as described in Section E.3), the MOB could be built, TSM could fail to provide (173) any mitigation of any of the impacts of this building, and no one would be able to prove it. Kaiser's neighbors could continue to provide anecdotal evidence of the horrible parking problems in the neighborhood, but there would be no way to connect those problems with any failure of the TSM. See Section N.

F. PLANNING ISSUES

1. Introduction

The comprehensive plan, which deals with basic goals and policies of the City of Oakland, is meant to serve as a guide for decision making within the city. The land use and housing elements of this plan are particularly pertinent to the Kaiser project.

2. Proposed Project Violates Comprehensive Plan

The illustrative future land use map of the comprehensive plan designates the entire MOB site as high-density residential. As the DEIR notes, this must be changed to institutional-medical in order for the project to be approved. In order for such a 221 change to occur, the comprehensive plan requires that the new use satisfy the goals of the plan as well or better than the existing designated use. The DEIR fails to demonstrate this. In fact, the proposed project violates several elements of the comprehensive plan, while satisfying only a few.

One of the elements which it violates is that of housing. The comprehensive plan calls for the preservation of existing housing stock. Kaiser has already destroyed 12 units of housing on this site in preparation for this building (a fact consistently ignored in the DEIR); it proposes demolishing an additional five units and relocating one. The DEIR refers to a two-unit relocation as a mitigation strategy which will reduce the impact on housing stock to less than significant. Saving 2 units of 18 (or even 2 of 6) hardly appears to be sufficient (172) mitigation. In addition, even those two units may not be saved, as the DEIR provides no analysis to demonstrate the financial feasibility of relocating and upgrading these structures to current codes.

3. Failure to Consider Total Impact of Kaiser Campus Growth (Projects Independently Considered and Approved on Average of Every Five Years Since the 1950s Without a Master Plan)

Since the first addition to the main hospital complex occurred in 1956, new construction projects have occurred on average of a little over every five years (1956, 1964, 1967, 1971, 1972, 1982, and now 1990, Page 40). Yet no master plan has been required by the City. In addition, by allowing other projects to commence without a master plan, such as the current power plant construction, mitigation options for the proposed MOB have been unnecessarily limited. Kaiser, as the major medical facility in this location, should produce a 30-year master plan to guide future growth in accordance with the comprehensive plan. The master plan should include total extent of the future campus, phasing with time frames, number of employees, number of non-employee visitors, type of facilities, parking, open space, and the future of Kaiser-owned residences. (174)

A proposed building exit to 38th Street at Cerrito has the potential to be converted to an entrance, making this master plan even more desirable. Such an entry could link to further Kaiser expansion, northwards to its King's Daughters facility, in the process destroying additional residential fabric and bringing all the traffic, congestion, public safety, and other environmental impacts discussed in this response. 222

4. Level of Impact Not Assessed for Entire Life of Project

The DEIR defines the new MOB lifespan as 50 years. Yet impacts are only assessed based upon a 2-year or 20-year period. (187)

5. Removal of S-1 Overlay Prior to Approval of the Project

The project violates the land use element of the comprehensive plan in several ways in addition to its conflict with the land use map. Most significant, perhaps, is the long-term effect on the fabric of the exiting neighborhood, which, rather than being conserved, will be partially destroyed. As noted in the DEIR, this destruction may continue by inducing other property owners to redevelop their parcels with higher-intensity medical-related uses. The DEIR describes this as an unavoidable significant adverse effect which cannot be mitigated to a level of insignificance. Because of this, the S-1 zone, incompatible with the land use map and comprehensive plan goals, must revert to R-70. (221) (175)

6. Denial of Neighborhood Input

As discussed above in Section B, PANIL has been concerned about this project for many years. When we learned of the drafting of the DEIR, we sent a letter to the Planning Department listing a number of our concerns. A copy of that letter, dated 21 April 1989 is attached hereto as Exhibit "A." For some reason, that letter was not included in Appendix B of the DEIR, but a copy was sent to both the EIR consultants and the traffic consultants. Despite a request that the EIR and traffic consultants contact us, they chose not to do so and to ignore many of the concerns in our letter.

As discussed above, PANIL is particularly concerned about the lack of a long-term general plan for Kaiser's Oakland facility. On the same day that Exhibit "A" was delivered to the Planning Department, we objected to the negative declaration for Kaiser's proposed Central Utility Plant (File No. ER-88-57, Ref. No. D 88-510). That letter protested the lack of "an integrated (174) (176)

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environmental impact report and traffic study for the entire Kaiser complex." A copy of that letter is attached hereto as Exhibit "B."

Kaiser has made various claims for the limited extent and vision of its planning process, but it is clear that they are (174) building physical facilities that have 30- to 50-year useful lives. If the neighborhood is going to have to live with these facilities for 30 to 50 years, we and the City should have some idea of how Kaiser's facilities will integrate with each other and how they will impact us.

G. DESIGN

1. Introduction

The Oakland Comprehensive Plan requires that the project design be compatible with the surrounding neighborhood. The surrounding neighborhood consists significantly of low-rise single family and multi-family dwellings.

The DEIR suggests various superficial mitigation strategies for dealing with the problems of the MOB's mass, height, and scale. These strategies include planting trees, use of light-colored "stucco" and most significantly, selective use of setbacks at the fourth story. Although the DEIR claims that the level of impact can thus be reduced to less than significant, the massiveness of the building overwhelms these strategies. The design of the project is also woefully inadequate because it fails to incorporate on-site parking (see Section C). (164)

2. Size Drastically Increased Without Reason and Without On-Site Parking

When the "notice of preparation of a draft EIR" (Appendix A) was issued in January of this year, the square footage of this project was listed as 79,700 square feet. In the DEIR, released in August 1990, the square footage had mushroomed to 123,000 square feet, an increase of 54 percent. As a typical home in this neighborhood ranges from 1200 to 2000 square feet, this project is the equivalent of placing 60 to 100 single family homes on this site. (171)

The building is now half again as large, yet there are no on-site parking facilities. The proposed basement of the building should be replaced with two or three floors of well lit, well ventilated, and secure below-grade parking (see Section C). (161)

We realize that this represents a major redesign and therefore major expense. However, a sound initial design, which fulfilled the planning and zoning requirements at the site and addressed neighborhood concerns, would have avoided this expense. On-site parking should have been a design criteria from the beginning. As discussed in Section C, 336, 395, or 476 parking spaces should be provided.

3. Height at Least Twice That of Surrounding Homes

Although the building is described as being three and four stories in height, this is misleading as the typical floor to floor height is much greater in this building than in the surrounding residences. Total building height provides a much more meaningful comparison. The DEIR lists the building height as 50 to 63 feet (Page 62). This is the equivalent of approximately six residential stories. The total height is at least twice the total height of the surrounding homes. However, because a portion of their height is often composed of a pitched roof, the perceived disparity would be even greater. This height is not only visually overwhelming, but also results in significant shadows being cast on adjacent buildings (see Section G.5 below).

4. MOB Out of Scale with Residential Neighborhood

The Howe Street facade makes no attempt to acknowledge the scale and rhythm of the residential neighborhood immediately to the north, ignoring its role as a transitional building connecting this neighborhood to the institutional buildings to the south. The typical residential set back from the street is abruptly terminated at the northern end, bringing the massive block far forward of the residences. This can be seen in the photomontage on Page 76.

Although the project has attempted to address the problem of scale at the 38th Street/Cerrito Avenue facade, it fails due to the sheer size of the project, as can be seen in the photomontage on Page 78.

5. Microclimate Changes Not Mitigated

a. Shadows

The DEIR describes shadow effects of the proposed MOB, showing the proposed building's adverse impact on neighboring housing. Some neighbors will be deprived of between four and **226** five hours of direct sunlight which they currently enjoy. The apartment building containing 10 residential units directly north of the proposed MOB will suffer severe adverse effects from the loss of direct sunlight due to the presence of the MOB. An independent investigation of potential light loss for residents of the building conducted by the owner has revealed that in late December the residential units will be in the MOB's shadow by noon.

b. Reflected Light and Temperature

The DEIR makes no mention of the effects of light reflected from the building. A light beige colored structure of the size proposed will doubtless bring about a warming in the immediate area. Such warming will be caused both by an increase in reflected light, which is currently absorbed by the foliage and **227** ground on the proposed construction site, and by the emission of warmer indoor air and gasses through ventilators, doors, and windows. The combined effect could very well be measurable.

c. Wind

Another climatological effect would be the increased 228
funneling of wind along Howe Street. The existence of an over
400-foot-long, four-story wall across the street from a number
of tall, flat-walled structures will exacerbate an already
existing wind tunnel along the street. No mention is made of
this in the DEIR.

6. Design As Mitigation Not Adequately Considered

The proposed plaza situated along Howe Street serves to
recess the southern portion of the building from the street.
This helps break up what would otherwise be an almost
interminable facade, pushed close to the sidewalk. The plaza,
however, is rather awkwardly configured, leading to a tight
corner (beyond the elevator structure) which contains a
"secondary" entrance to the building. (The purpose of this
secondary entrance is unclear, as the primary entrance exists
nearby.) The plaza has no clear relationship to the parking
garages opposite it, nor does it serve as a forecourt to the main
entry.

A better use of this site area would be to recess the
northern block from Howe Street, thereby continuing the 229
residential setback typical of the homes to the north. This is
not considered in the DEIR. The southern portion of the building
could then step forward, creating a well-defined main entrance
and initiating the institutional theme existing to the south.

The massive block which fronts upon Howe Street also ignores
both the scale and rhythm of the residential structures to the
north. The northern portion of the building should be reduced in
height (or at least have the uppermost stories stepped back
significantly) so that it does not overwhelm the adjacent

residences. The southern portion of the building could then be increased in height, as originally requested by the neighbors and, as we understood, agreed to by Kaiser's representatives. 230 (This possibility was inadequately addressed in the DEIR, which claimed that such a massing resulted in an inefficient floor plan. No further discussion was offered. See Section M below.)

The proposed "secondary" building exit to 38th and Cerrito Streets has the potential to be used as a major entrance to the building, causing the many environmental impacts to converge on 231 those very small neighborhood streets. This exit should be eliminated. All exits should discharge to Howe Street.

Other design mitigations not considered include breaking the northern block into recessed and protruding portions to echo the pattern of closely spaced single family homes. This would mitigate the institutional, massive, and intrusive character of the proposed long, unbroken facade. Proper treatment of the parapet silhouette (for example, gables) would further enhance 232 the feeling of individual pavilions. These measures, combined with appropriate selection of windows, could help this building serve its role as a transition between institutional and residential neighborhoods.

H. HAZARDOUS AND NON-HAZARDOUS MATERIALS AND WASTE

1. Introduction

The DEIR has discussed only increases in the use of hazardous materials rather than the nature of such use (Page 204), based on the rationale that these same materials are already used on the Kaiser campus. However, as the DEIR applies only to this new building, not to the campus as a whole, it must review the nature of the use of these materials as well as the impact of any increase in their use and creation. 233

Table S-1 incorrectly summarizes the environmental impacts of the project with the proposed mitigation as "reduced to less than significant levels." Most of the Piedmont Avenue neighborhood, and especially Howe, 38th, and Cerrito Streets, are downwind of the hospital exhaust fans and get the brunt of Kaiser's existing and soon-to-be-increased pollution. We also get the incrementally increased risk of cancer and other diseases from that pollution. This combined with the increased traffic, congestion, noise, on-street parking competition, and infectious litter left in neighbor's yards (from blood-stained bandaids and cotton balls to disposable diapers from patients at the pediatrics department) will make Kaiser a lethal neighbor unless the Planning Commission requires full mitigation of the development. 234 235

2. No Quantification of Wastes to Be Generated at the MOB

The DEIR does not adequately address the storage and transport of hazardous and non-hazardous waste in terms of specific compounds; rather it inadequately addresses them in general categories. On-site dumpster location, access, and health/safety precautions are not reviewed. 236

Recycling strategies are not reviewed (see Comprehensive 237 Plan, Open Space and Natural Resources).

3. Increased Generation of Hospital Toxics with MOB-Allowed Increase in Kaiser Patient Population Not Addressed

The DEIR fails to consider the added release of toxics due to the increased population served by Kaiser with the addition of the MOB. The fact that Kaiser now releases almost 150 pounds of 238 Toxic Air Contaminants (TACs) to the neighborhood is discussed in one paragraph on Page 155. Kaiser currently releases 140 pounds of ethylene oxide from the hospital sterilizers, 5 pounds of formaldehyde from the morgue, and up to 1 pound of benzene and polynuclear aromatic hydrocarbons from other operations. These are in addition to the carbon monoxide and other vehicle pollution contaminants discussed in Section F above.

The DEIR does not address the increases in these releases of known, probable, and suspected carcinogens that will occur with the proposed increased population of Kaiser members made possible by the MOB expansion (about 10.1 percent by the year 2002; no 239 estimate given for the expected 50-year life of the building). It also does not consider the possibility of conducting some toxics-producing operations off-site, which would reduce such emissions in the Piedmont Avenue neighborhood, or requiring Kaiser to install pollution-control equipment as a condition of approval of, or mitigation for, the new facility. The DEIR 240 dismisses any impact resulting from toxic air contaminant emissions as insignificant without any supporting evidence.

The DEIR also states that over 400 pounds of radioactive waste are already generated at the Kaiser Oakland "campus," trucked to Rancho Cordova, and burned. The waste generated will be increased with the MOB-allowed increase in Kaiser's patient 241 population. Handling of this waste is not addressed in the DEIR.

Is it transported up Howe Street, the entire length of the Piedmont Avenue neighborhood? Are the trucks shielded? What other precautions are employed? How is the effectiveness of these measures monitored? What portion of the hospital sterilizer and lab flume hood releases contain radioactive compounds in addition to the toxic air contaminants? 242

To be valid, the DEIR must answer these questions. Otherwise the full impact of the MOB remains unquantified and potentially detrimental to the environment and the health of neighborhood residents.

4. Possible Toxicity of Combined Waste Streams

Various departments' waste streams, which were formally in separate locations, may now be combined in the new building. As the DEIR states, non-hazardous wastes may combine to form hazardous waste (Page 194). Additional combinations not before possible may result as the building is occupied. 243

5. Lack of Pollution Control Devices on Existing Equipment

Ethylene oxide is a proven carcinogen in animals and a probable carcinogen in humans. It is more potent than benzene, a known carcinogen. Yet Kaiser continues to spew out 140 pounds of ethylene oxide per year with no controls. Also released is over 1,000 pounds of freon per year (chlorofluorocarbon, CFC). This is not mentioned in the DEIR, although the environmental impact of CFC's is widely recognized. 244

According to the Bay Area Air Quality Management District staff, if a new sterilizer were built today, it would require either a catalytic oxidation system or an acid scrubber to reduce ethylene oxide emissions by over 99 percent. Kaiser has not installed this equipment on its sterilizers.

A recent Air Quality Control Board decision recognizes the severity of the problem. The Board will require air pollution controls on hospital sterilizers by 1992. Whether Kaiser intends to comply with this requirement or not is not addressed or even mentioned in the DEIR. 245

In view of the severe air quality problems caused by this project, the Bay Area Air Quality Management District should have been notified of the preparation of the DEIR and their comments requested. These comments should still be sought. (181)

6. No Mitigation Monitoring Program

The DEIR is inadequate because it fails to prescribe hazardous and non-hazardous materials and waste handling mitigation measures and fails to define a monitoring program for these mitigation measures. See Section N. (173)

I. NOISE

1. Introduction

Current theories contend that an increment of hearing loss results from each exposure to noise, especially at loud levels. 246 Yet the DEIR fails to identify specific mitigation techniques and measurable threshold levels of noise which Kaiser's project should not be allowed to exceed.

After the project is constructed, it will raise the level of noise emanating from existing noise sources and add a new source in the form of rooftop equipment on the proposed MOB. The latter may have a significant impact on neighborhood noise levels. The DEIR, however, in studying general ambient noise levels in 1989, fails to comment on a number of persistently irritating sources of intermittent noise which chronically raise noise to levels which are unacceptable by established standards. (180)

2. Unacceptable Pre-Project Level of Noise

PANIL and the Cerrito Neighbors are very concerned that present levels of noise from ventilation equipment on top of Kaiser's existing tower are already a chronic source of discomfort to residents of the area.

The DEIR describes Oakland land use compatibility guidelines for exterior community noise and cites the results of noise level measurements taken on August 31, 1989 between 4:00 and 5:00 p.m. and measurements taken over the entire day of August 31, 1989. The document concludes that noise levels along Cerrito Avenue 247 and Howe Street were found to "fall within the normally acceptable range (60 to 65 dBA, Ldn) for hospitals." On a chart of typical noise levels, normal speech is rated as 60 dBA, Ldn and the noise of a vacuum cleaner is rated as 70 dBA, Ldn. The

acceptable noise levels measured along Howe and Cerrito in August of 1989 skirt the border of acceptability for residential land use according to Oakland guidelines. Levels above 65 dBA, Ldn are considered "Normally Unacceptable."

3. Lack of Identification of Significant Existing Sources of Noise That Will Increase as a Result of the MOB

The DEIR makes no mention of some of the leading sources of noise along Cerrito and Howe and how much the frequency of this type of noise can be expected to grow after the proposed MOB is put into service.

Automobile security alarms have become a growing nuisance throughout society, but especially in an area where staff and patients come and go all day long. As most of us know, the typical car alarm emits a high-pitched bleep or chirp when it is set and a similar noise when it is intentionally released. These noises are emitted whenever a person sets or releases the alarm. On a street like Howe, where the DEIR estimates over 11,000 vehicles a day, the number of vehicles parking and unparking in the course of a normal working day is certain to be in the hundreds--let us conservatively estimate it to be between 250 and 400 vehicles each day along the entire block. If only 5 percent of these vehicles are armed with noise-emitting alarms, the number of alarm-set emissions is between 12 and 20. Double those numbers, because each alarm is also released when the driver returns, and you have between 24 and 40 intentional beeps and chirps on the block each day, although the number may well be much higher. (246)

Most automobile owners who have installed these devices in their vehicles make mistakes which trigger the alarms while they are away from the vehicle. Once triggered, an alarm continues emitting noise until it is turned off, for 45 minutes, or until

the vehicle is vandalized in an attempt to silence the gadget. Along Howe Street, an average of five car alarms are set off by accident on a normal weekday. With a 24 percent increase in traffic volume that number will climb to between six and eight. For residents and others who work in the area, the present numbers are already excessive. Although the DEIR does not list auto alarms as a noise factor, can anyone deny being deeply disrupted in their concentration or any other activity when hearing a car alarm? A neighborhood's quality of life is at stake, and another issue is being ignored.

Other sources of noise which are not part of the general neighborhood ambience are:

- ** The slamming of car doors by people coming and going to the hospital. The estimate of between 250 and 400 cars parked and unparked daily on Howe Street can again be applied to show that between 500 and 800 car doors are slammed (assuming there is only one passenger per vehicle) each day along a single block of Howe Street
- ** Vehicles using residential driveways to turn around in the middle of the block on Howe between 40th Street and MacArthur. At present this takes place over 100 times each day as patients, visitors, and staff members cruise the street looking for on-street parking and finding none, decide to return to a garage closer to the hospital
- ** Vocalization by members of family groups coming and going to the hospital
- ** Ambulance sirens which emit piercing noises along the residential section of Howe Street and dim only as they approach the hospital

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****** Constant noise from the ventilation and air conditioning equipment at the top of the existing Kaiser tower. Despite numerous complaints over the years, this source of noise has never been baffled or re-directed and continues to adversely affect Kaiser's neighbors along 38th Street, Cerrito Avenue, and Howe Street **248**

4. Undefined Mitigation of New Noise Source

Of all the noise sources identified in Section I.3, the DEIR addresses only the issue of the proposed MOB's rooftop equipment as a new source of additional noise, saying that "it is possible that equipment noise would be audible at the nearest residences during the nighttime when ambient noise levels dip. This impact could be significant." In other words, new fans and vents, located closer to residential units than the existing equipment atop the Kaiser tower, will add a new source of "significant" noise. Yet again, no specific mitigation measures are defined. **(165)**

According to the DEIR, the increased traffic volume along Howe Street during peak hours once the proposed MOB is in service--estimated to increase by 24 percent--corresponds to an increase in average noise levels of about one dBA. In other words, the level of noise which was found to be at the edge of "normal acceptability" under present conditions, would rise. The DEIR concludes that the cumulative impact would be insignificant. In an aside, the DEIR states that the highest percent increase over existing traffic volumes would occur on 40th Street, where the increase would be 64 percent, but no measurements of increased noise levels along 40th Street were made and no figures are cited regarding potential noise level increases along 40th. No mitigation measures are proposed. **249**

Neighborhood residents are concerned about the increasing levels of street noise that will result from increased traffic

flows of commercial, emergency, staff, patient, and visitor vehicles using Howe Street once the MOB is constructed. No provision is made in the DEIR for diversion of this traffic to other streets. In fact, Kaiser has confided that one purpose of the proposed MOB is to relieve traffic along Piedmont and MacArthur and to dump it on Howe Street. Howe Street residents find this solution unacceptable.

These omissions can only be interpreted as a tactic for ignoring issues which are increasingly important for the maintenance of the quality of life we must guarantee to all of **250** our citizens. Kaiser Hospital has failed to take action on noise issues in the past. Mitigation measures to be implemented before approval of the proposed MOB is granted must include:

- ** Reduction of the existing noise level
- ** PANIL input and final approval in planning the type of noise creating and suppressing equipment, its exact location and orientation on the proposed building, and mitigation measures, such as baffles, before the equipment is installed

5. No Mitigation Monitoring Program

The DEIR is inadequate because it fails to mitigate increased noise and it fails to define a monitoring program for the proposed noise mitigation measures. See Section N. **(173)**

J. PUBLIC SAFETY

1. Introduction

Kaiser does not bring criminals to its medical center. It does, however, bring potential victims, including the infirm and the work-weary. It is therefore appropriate to take measures to protect the patient and staff populations frequenting the medical campus. Yet the DEIR proposes no safeguards.

2. Kaiser's Contribution to Increased Opportunities for Crime Not Assessed

Throughout the United States, hospital zones often suffer high rates of crime. Patients, visitors, staff members, and their vehicles are attractive targets of assault, robbery, burglary, and theft. The neighborhoods in which hospitals are located can suffer from a spillover effect. Auto burglaries, residential burglaries, muggings, purse snatchings, and during 1989, a couple of gruesome unsolved murders adjacent to the Kaiser Oakland "campus," have had an adverse effect on the quality of life in the neighborhood. In 1989 there was a shooting murder at the MacArthur/Broadway (M/B) Center and another a block and a half away in the parking lot of Wells Fargo Bank on the corner of Piedmont Avenue and 40th Street. Muggings, burglaries, and purse-snatchings have occurred in daylight hours with increasing frequency. The presence of Kaiser's security personnel has not seemed to deter the criminal-minded from perpetrating crimes a few doors away.

PANIL and the Cerrito Neighbors are concerned about the effectiveness of hospital security personnel and the lack of protective measures existing before construction of the MOB. For example, when three would-be burglars were pursued into Kaiser's parking structure a few months ago by a resident of Howe Street,

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the hospital's security personnel refused to pursue the investigation or to report the incident to Oakland police.

Other incidents have shown Kaiser security to be either ineffective or unresponsive. On August 20, 1990 about 4 p.m. a pregnant Kaiser patient walking towards the hospital along Howe Street with her young daughter was attacked less than 50 yards from the Kaiser parking structure. She was hit and her purse was stolen. Her screams drew a number of Howe Street residents to her assistance, but hospital security personnel did not get involved.

Kaiser did not commit these crimes. Kaiser is merely responsible for increasing the opportunities for crime. The large number of patients, their visitors, and staff who frequent the area solely because of the hospital constitute an easily recognizable group of potential victims. The proposed MOB would increase the number of vulnerable people in the area, thereby increasing the opportunities for crime, the number of targets, and attracting new and more numerous perpetrators. Kaiser offers no plan for mitigating this very likely source of new danger in the community, and the DEIR does not recognize the existence of the problem.

Plans for the proposed MOB indicate that it will house three new pharmacies. As any hospital pharmacist will confirm, pharmacies are the second most dangerous part of a hospital when it comes to crime. Only emergency rooms are more dangerous. The threat of crimes in or near pharmacies increases with the length of time that a pharmacy is accessible to the public each day, with the number of patients visiting the pharmacy, and with the presence or lack of responsive security personnel both in the pharmacy and near entrances and parking areas designated to serve pharmacy visitors.

3. Alternatives That Would Improve Public Safety Not Considered

The DEIR fails to include public safety measures to protect hospital staff members, patients, visitors, neighborhood residents, and other potential victims.

It has been argued by Kaiser personnel as well as by neighborhood residents that one of the most consistent sources of crime in the area is the MacArthur/Broadway Center, which occupies a whole block along MacArthur Boulevard immediately to the southwest of Kaiser's existing facilities. The area contains a blighted shopping center with high turnover of businesses, an underused rooftop parking area, and an office building, much of which is already being rented by Kaiser Hospital. Should Kaiser reconsider the direction of its expansion plans, the M/B Center is the obvious direction, containing far more space than is available northwards along Howe Street. Replacement of the M/B Center by a new and spacious Kaiser campus would also meet with (170) very little community opposition. The M/B Center site is bounded on one side by Broadway and Mosswood Park--which officially has no permanent human residents, and on the other by a block of Piedmont which already faces the entrance and exit to the M/B Center garage. By replacing the M/B Center with a hospital campus, Kaiser would not only be able to meet its needs for future growth, but provide a valuable service to the community by eliminating a constant source of crime (see Section M).

4. Potential Hazard From Dryvit Exterior Building Material

PANIL understands that the MOB will be covered with Dryvit, a styrofoam-like substance. This material apparently can melt when heated by a fire, exposing the unprotected structure. We understand that after an incident in New Hampshire where one of these styrofoam buildings melted, many building authorities are

reconsidering the propriety of using these coverings, particularly when close to adjoining structures. PANIL is also concerned about the possible release of toxic fumes in case of a fire. The DEIR and the Oakland Fire Department should address this possible hazard in a building that should meet the most stringent public safety standards. 252

5. No Mitigation Monitoring Program

The DEIR is inadequate because it fails to identify public safety measures and to define a monitoring program to assure the effectiveness of those measures. See Section N. (173)

K. INFRASTRUCTURE PROBLEMS

1. Water Mains May Not Be Adequate for Fire Protection

PANIL is informed and believes that Howe Street is served by some of the oldest water mains in Oakland, the newest of which was installed in 1908. There are three mains--the oldest and smallest is a four-inch line installed in 1897. That main is not up to current code, but still has a number of buildings hooked up to it. The second is a six-inch main installed in 1901, already used over capacity. The last is a twelve-inch main installed in 1908.

The DEIR notes on Pages 182 to 184 that the MOB would "probably" be served by a new eight-inch pipeline connecting to the existing eight-inch pipeline in MacArthur Boulevard. What is not addressed in the DEIR is the impact of this massive new building with its potentially toxic styrofoam exterior on fire suppression demands in the neighborhood. Is there adequate water in the 80- to 90-year-old pipelines to deal with a fire should it begin at the MOB and spread to its neighbors? The adequacy of the water mains should be assessed by the Oakland Fire Department. 253

2. Increased Runoff Will Worsen Glen Echo Creek Flooding

Runoff from the construction site and the MOB, once completed, is projected to increase by a factor of four (Page 177). The DEIR notes on Page 176 that "prior to development, the site drained into Glen Echo Creek..." It goes on to say that "drainage is ... removed by storm drains." What the DEIR ignores is that the storm drains dump their water into Glen Echo Creek. 254

Glen Echo Creek already floods several times a year, causing damage to the adjacent residences on Richmond Boulevard. In

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PANIL's letter of 21 April 1989 to Mr. Charles Bryant of the Planning Department, we requested that Kaiser be required to "[e]nsure that the volume of water runoff from the construction and new building will not exceed the carrying capacity of Echo [sic Glen Echo] Creek." Despite the fact that a copy of that letter went directly to ESA Associates, the issue was completely ignored in the DEIR.

PANIL continues to request that the DEIR inform us if the volume of water runoff from the construction and new building will exceed the carrying capacity of Glen Echo Creek and what mitigations, if any, can be put into place to solve that problem.

3. Measures to Limit Aesthetic and Safety impacts of Electrical Service Not Specified

The DEIR claims that the electrical grid is adequate for the MOB, but is unclear as to whether the transformer and transmission facilities will be located above ground or safely below ground in an electrical vault. PANIL believes that the transformer and transmission facilities should be located below ground in an electrical vault.

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L. CONSTRUCTION

1. Introduction

PANIL and CNA realize that impacts associated with construction are in large part temporary. Yet they can be substantial since the construction phase of this massive project is projected to be 18 months. The DEIR fails to propose adequate measures that would lessen Kaiser's impact during construction.

2. Incomplete and Ill-Defined Plan to Limit Noise

The DEIR confirms that during the 18 months it will take to construct the proposed MOB there will be at least 20 weeks during which construction noise levels will be above "clearly unacceptable" levels. No mention is made of the remaining 55-60 weeks. The DEIR lists this noise as an unavoidable significant adverse impact (Page 211). During the noisiest construction phases, exterior average noise levels at the nearest residence would be nearly 90 dBA (Page 167). Noise levels above 85 dB for two hours or longer lead to significant hearing loss. 256

The mitigation measures proposed by the DEIR include:

- ** Limitation of noisy construction activities to the hours of 8:00 a.m. to 6:00 p.m.
- ** Development of a plan to avoid the use of hospital rooms facing the construction site
- ** Erection of barriers around the construction site and acoustic insulation of stationary equipment by other means such as locating the equipment in excavated pits or building additional barriers around each unit.

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The muffling and shielding of intakes and exhausts and the use of electric rather than diesel-powered equipment are among other mitigation measures recommended. However, no mention is made of whether and how these mitigation measures are to be implemented, or of enforcement and monitoring policies for their implementation. See Section N. (173)

In summary, the DEIR concludes that construction of a new MOB will cause unacceptable noise levels in the neighborhood for a sustained period during the construction phase.

Another source of noise and congestion not addressed in the DEIR is the movement of trucks during the construction period (see Section L.6). 257

3. Construction Activities Not Limited to Weekdays

As proposed, construction would occur Monday through Saturday. On Saturdays, this will result in early morning disruption when the vast majority of residents are home and trying to sleep instead of rushing to work. To adequately mitigate construction impacts, activities must be limited to weekdays only. 258

4. Lack of Neighborhood Liaison During Construction

Construction of a building the size of the MOB is complex and will involve many individuals, a contractor, and subcontractors. Often a problem can be undetected on-site until the off-site effects are noted by neighboring residents or businesses. These problems can also occur after hours, when no developer representative is present.

Kaiser should be required to designate a single contact person to be on-call 24 hours/day to serve as liaison with

neighborhood residents. Some engineering and construction firms make this individual responsible for monitoring compliance with all environmental requirements during construction.

5. Parking and Access During Construction Not Defined

The DEIR does not include projections of the number of construction workers to be on-site at one time or the equipment and storage areas needed during the job. Therefore, no analysis of the parking requirements during construction can be determined. To tacitly assume, as the DEIR does, that these additional vehicles can all be accommodated on-street during the 18 months of construction is unacceptable. (167)

In addition to parking, the proposed use of one of the house on Cerrito Street for a construction office will result in massive traffic, congestion, noise, and parking impacts on Cerrito and 38th Streets unless access to the construction office from Cerrito and 38th Streets is prohibited. 259

6. Routing of Construction Vehicles Not Addressed

The combination of powerful engines and heavy loads results in two construction vehicle impacts: congestion and noise. Most loads also generate dirt and dust. PANIL and the Cerrito Neighbors are concerned that these impacts will not be mitigated per the DEIR. The document is inadequate because it fails to prescribe a haul route that avoids residences as much as possible--only using the segment of Howe Street from the construction site to MacArthur Boulevard, NOT Howe Street to 40th Street and then down 40th Street. (168)

7. Other Issues

The DEIR fails to address the control of vectors such as rats and insects that will be displaced from the excavation of the site, mitigation of asbestos removal hazards associated with the demolition of the residential structures now on-site, and the increased generation of litter and debris from the construction site. 260 261 262

The DEIR also does not mention the potential impact of crime during construction on the neighborhood. Pilferage from construction sites, and house and vehicle burglaries, are known to increase during construction periods. There is no acknowledgment in the DEIR of the potentially adverse impact of these activities, or of any plans to mitigate such impacts. The issue is simply not addressed. 263

8. No Mitigation Monitoring Program

Asbestos removal by a licensed asbestos contractor is mandatory as stated in the DEIR. Because of significant health hazards to the community, strict mitigation monitoring is critical. The DEIR is inadequate because it fails to define a monitoring program for this and the other proposed construction mitigation measures. See Section N. (173)

M. ALTERNATIVES

1. Lack of Serious Consideration of Alternatives

The DEIR, while mentioning five alternatives to the proposed MOB, dismisses all but the proposed Howe Street building as unfeasible in a scant few pages. Alternatives are handled in a cursory and less than serious manner. Recommendations made by PANIL and requests made by individual neighbors over the previous years, such as expansion towards the MacArthur/Broadway Center, (170) have been summarily ignored in the plan submitted for review and described in the DEIR. Even mitigation recommendations, such as the creation of a drop-off entrance on Kaiser property at the corner of MacArthur and Broadway, have been ignored in the (212) planning of the structure and in the DEIR. 264

2. No Consideration of Appropriately Sized Building

For years Kaiser and PANIL have discussed a building smaller than the proposed 123,000 square-foot MOB. In January the City requested comments on a 79,700 square-foot building. (171) Nevertheless, a smaller project is now dismissed in the DEIR as "not sufficient" (discussion under Alternative B). What happened between late January of 1990 and August of 1990 to make a project underway for five years need to increase in size by 54 percent?

3. No Consideration of Development at MacArthur/Broadway (M/B) Center

Alternative D, which discusses Alternative Sites Adjacent to the Kaiser Hospital Campus does not discuss the one site adjacent to the "campus" that everyone has pointed to for years -- the M/B Center. At the M/B Center, Kaiser currently has: (1) one of its (170) pharmacies, (2) medical office space in the tower, and (3) leased

parking. Best of all, that site has its own parking. Over the long-term, the expansion of Kaiser Oakland could replace the current M/B Center.

The proposed Alternative D involving the destruction of housing along 38th Street is clearly not realistic. It is a cynical implied threat that if the neighbors do not go along with Kaiser's plans the alternative is eviction and the destruction of their homes. In view of the history of this project, that is both in bad faith and in bad taste (see Section B). 265

4. No Consideration of Development Over MacArthur BART Parking Lot

In discussing alternative sites in Oakland, Kaiser limits the search to within one block of its existing "campus." We understand that BART is interested in developing medical office buildings over the air space above the MacArthur BART parking lot. The MOB in that location might make a contribution to revitalizing that area and improve on Kaiser's dismal record in the use of public transportation (see Sections C.2 and E). 266

5. No Justification for Dismissing Building Sloped Toward Existing Hospital Tower

For as long as PANIL has been discussing this building, we have wanted the bulk of the building to be against the tower with the building sloping down toward the adjoining residential structures. This is rejected in Alternative F because Kaiser claims that it is "inefficient." Kaiser claims that the interior spaces are modular. No explanation is given as to why some of the modules cannot be moved next to the tower. Without floor plans it is impossible to assess the validity of Kaiser's inefficiency claims. (230)

6. Information Inadequate to Assess PANIL-Preferred Alternative

PANIL believes that a combination of Alternatives B (reduced-scale) and F (alternative design), with full mitigation as described in the other sections of this document, would be a reasonable alternative. Without serious consideration of Alternatives B and F in the DEIR, it will be impossible for the City's decision makers to intelligently analyze the project. **267**

N. MITIGATION MONITORING PROGRAM

The California Environmental Quality Act requires that there be a monitoring program for all mitigations. No such monitoring program is identified in the Draft Environmental Impact Report. Without such a program, specifying performance standards, methods of monitoring, and penalties for failure to comply with the performance standards, the EIR cannot be considered legally adequate. (173)

O. MISCELLANEOUS

1. Electronic Interference

Not mentioned in the DEIR is the impact of the proposed MOB, the equipment used to build it, and the equipment to be used within the completed building, on radio and telecommunications equipment in the area surrounding the site. Will radio, television, and cordless phone reception in the neighborhood be affected by interference from construction activities and from the building itself? Has this even been studied? If there is an adverse effect upon electronic communications devices, how does Kaiser plan to mitigate the effect upon its neighbors? 268

2. Seismic Considerations

The Department of Conservation, Division of Mines and Geology, recommended in its response to the notice of preparation of the DEIR that a post-Loma Prieta earthquake inspection of the site be performed by a geotechnical engineer and/or engineering geologist. The results of that inspection were to be included in (182)

the Draft EIR. The DEIR contains no such report. There is no evidence that the Department was notified of the increased building size.

The seismic mitigation measures include an emergency response plan, periodic drills, and posting of evacuation routes on all floors. The evacuation of employees and patients, when added to those from the rest of the Kaiser "campus," would disgorge several thousand people and this would have a significant impact upon the surrounding neighborhood. The DEIR does not include a plan for post-building evacuation of Kaiser employees and patients. 269

3. Electromagnetic Fields

The DEIR fails to identify, let alone quantify and mitigate, the impact of the proposed permanent installation of Magnetic Resonance Imagery (MRI) equipment in the MOB and the resulting electro-magnetic field. Research is increasingly pointing to the carcinogenic and body-function-altering effects of electro-magnetic fields. Even the electric power industry is starting to acknowledge the dangers--from abnormal births and late spontaneous abortions to cancer. Additional information is presented in the Electric Power Research Institute (EPRI) Journal, January/February 1990 issue. 270

The effects can occur up to 4,000 feet from the source, depending upon the intensity of the field generated. Most commonly associated with transmission lines, motors, computers, and electric blankets, the contribution of MRIs has been overlooked, possibly with fatal consequences. The DEIR should include quantification of the MRI's contribution, a full analysis of the resulting environmental impact, and the identification of appropriate and adequate mitigation (if it exists).

4. Open Space Restrictions

Two open space areas are proposed in the DEIR: a vest-pocket park along Cerrito Street and a "secondary" entrance at the center of the MOB along Howe Street. The open space devoted to the secondary entrance plaza along Howe Street is misallocated, as discussed in Section G.6.

Although the proposed park on Cerrito Street is appreciated, it is viewed by community residents as a potential source of noise, litter, and crime, especially if use is not controlled. The DEIR fails to address proper management of the area, including security patrols or supervised access. 271

In addition, the DEIR does not identify any deed restriction to assure that the area remains as an open and green space. 272

5. Wildlife Habitat and Vegetation

CEQA states that the proposed project should not result in potential significant effects on the reduction of wildlife or degradation of existing habitats. The open space and natural resources element of the comprehensive plan states that efforts should be made to perpetuate the full range of plant types and wildlife variety; also the natural character of the creek system is to be preserved.

The large bay trees behind the 38th Street house (to be demolished) serve as breeding habitat for hummingbirds; these trees are to be cut down and the yard cleared. 273

Additionally, run-off from the site will be emptied into the storm sewers which flow into Glen Echo Creek. This will result in silting of the creek during the construction phase, endangering wildlife living within the creek. Once the project 274

is completed, increased flow during storms may damage plant and animal life in the creek habitat, as well as damage the creek itself (see Section K.2 above). The DEIR does not address these issues.

The Comprehensive Plan (open space and natural resource elements) calls for landscaping with native plant species. The DEIR does not address this issue. 275

6. Notice of Preparation No Longer Adequate

The Notice of Preparation of the DEIR states that the square footage of the proposed MOB would be 79,700 square feet. That was the basis on which the California Department of Conservation, Division of Mines and Geology, California Department of Transportation, and others decided to respond to the notice.

There is no indication that the authorities to whom the notice was sent were later informed of the percent increase in the size of the project to 123,000 square feet. Some of these agencies many have established criteria that require a response for projects exceeding 100,000 square feet. 276

PIEDMONT AVENUE

NEIGHBORHOOD IMPROVEMENT LEAGUE

PLEASE REPLY TO:

April 21, 1989

PANIL
c/o J. Lee
110 41st. St.
Oakland 94611

Mr. Charles Bryant
Planning Department
City Hall
14th and Washington Streets
Oakland, CA 94612

Dear Mr. Bryant:

At its regular April meeting, the Piedmont Avenue Neighborhood Improvement League joined with the Cerrito Neighborhood Association and Councilmember Mary Moore to discuss our concerns regarding the environmental impact of Kaiser Permanente's proposed Medical Office Building on Howe Street.

We agreed upon a number of mitigating measures we believe Kaiser should undertake to reduce the negative impact this project will have on traffic, parking and the overall quality of life in the Piedmont Avenue neighborhood.

Please forward this list of concerns to the city consultants hired to prepare the traffic flow study and environmental impact report on the proposed Medical Office Building (MOB). A committee of concerned PANIL members is expecting an opportunity to discuss our concerns with DKS Associates and ESA Associates, the city consultants on this project, before they prepare the first draft of the traffic study and EIR.

Before obtaining permission to construct the MOB, we feel Kaiser should be required to:

1) Provide free parking in its garage for all staff, patients and visitors. This free parking should be well posted and promoted to keep Kaiser employees and clients from overrunning the already limited on-street parking available for residents who have no where else to put their cars.

2) Provide 120 new parking spaces to offset the loss of spaces from the construction of the new building. This new

Exhibit A

parking could be underneath the proposed building, at the MacArthur Broadway Center, or on a second deck on the Broadway and 38th Street lot.

3) Provide a patient drop-off and pick-up driveway on Kaiser property in front of the proposed building. This should be done in such a way to retain as many existing on-street parking spaces as possible.

4) Reexamine plans to construct a new central utility plant on Broadway. This facility should be viewed as part of an overall noise reduction plan for all Kaiser facilities, including the MOB. This site could also be used to allow access to the proposed MOB from Broadway, thus relieving congestion on Howe Street.

5) Construct a major new handicapped accessible entrance to the hospital tower at the corner of MacArthur and Broadway, with a drop-off, pick-up driveway where the condemned Fabiola Building now stands. We believe the new central utility plant, the demolition of the Fabiola building, and Kaiser's plans for both sites should be linked to the MOB in a comprehensive plan to reduce the neighborhood impact of the entire Kaiser complex.

6) Install a "No Through Traffic" sign at the corner of Broadway and 38th Street to discourage Kaiser patients from cruising the Cerrito neighborhood for parking.

7) Provide litter collection and increased security patrols on Howe Street.

8) Align all entrances to the new building and new crosswalks across Howe Street to be as near MacArthur Boulevard and the existing Kaiser facilities as possible. This is necessary to retain any semblance of residential character on the half of the block closer to 40th Street.

9) Ensure that the volume of water runoff from the construction and new building will not exceed the carrying capacity of Echo Creek.

10) Stagger the bulk of the building toward the existing hospital tower and do everything possible with landscaping and continued redesign to soften its domination of the upper half of the Howe Street block and the Cerrito neighborhood.

In addition, we feel the city should make approval of the MOB conditional on the removal of the hospital zoning overlay on all remaining Howe Street properties, effectively precluding additional Kaiser encroachment into the Piedmont Avenue neighborhood. Councilmember Moore tells us Kaiser has assured her it has no further expansion plans into our neighborhood.

Thank you for considering the serious concerns PANIL has regarding this project. We expect to hear from either the city or its consultants within 30 days.

Sincerely,

A handwritten signature in cursive script, reading "H. E. Christ Peebles".

Chris Peebles
PANIL Chairperson
4037 Howe St.
Oakland, CA 94611
(415) 655-4438

cc: Councilmember Mary Moore
Kaiser Permanente Medical Center
DKS Associates
ESA Associates
PANIL Notes
Selected news media

PANIL

**PIEDMONT AVENUE
NEIGHBORHOOD IMPROVEMENT LEAGUE**

PLEASE REPLY TO:

PANIL
c/o Jane Lee
110 41st St.
Oakland 94611

April 21, 1989

Mr. Charles Bryant
Planning Department
City Hall
14th and Washington Streets
Oakland, CA 94612

Dear Mr. Bryant:

PANIL, the Piedmont Avenue Neighborhood Improvement League, challenges the finding that the proposed Central Utility Plant for the Kaiser Permanente Hospital (File No. ER88-57, Ref. No D88-510) will have no substantial adverse effect on the environment. Several questions are raised by the initial study.

The study states that "compressors, generators or other mechanical equipment..could be a source of noise for adjacent properties." It states that the equipment "is not expected to generate significantly more noise than is presently generated by existing equipment." How much more is "significantly" more? There is already a constant dull roar in the neighborhood from Kaiser machinery atop the tower, and now Kaiser is proposing a four-story, 86,000 square foot expansion of its medical facilities on Howe Street.

What is the relationship between this plant and the proposed Howe Street Medical Office Building -- for which the city is requiring an environmental impact report?

The initial study states that "adequate room between the new building and the property line has been provided to allow a future connection across the site between Broadway and Howe Street." What is the purpose of this connection? Could it be used to provide access to the proposed Medical Office Building from Broadway?

PANIL feels it is unwise to allow a piecemeal development approach to the entire Kaiser complex. Instead, the city should require an integrated environmental impact report plan and traffic study for the entire Kaiser complex -- for the Fabiola site, the utility plant and the proposed Medical Office Building. All of these projects are, after all, on the

Exhibit B

same half of the same block. Only by looking at Kaiser's entire expansion plan can the city require meaningful mitigation measures to protect the quality of life for neighborhood residents.

Please inform us when the planning commission will consider this matter. It was only listed as "to be scheduled" in the March 23 "negative declaration" notice posted in the neighborhood.

Sincerely,

A handwritten signature in cursive script, reading "C. E. Christa Peeples".

Chris Peeples
PANIL Chairperson
4037 Howe Street
Oakland 94611
(415) 655-4438

- 6 1990



KAISER PERMANENTE

November 5, 1990

Mr. Charlie Bryant
Environmental Review Coordinator
City Planning Department
City of Oakland
One City Hall Plaza
Oakland, CA 94612

Re: Kaiser Permanente Oakland Medical Office Building (MOB) ER-88-45

Dear Mr. Bryant:

We write to comment on the Draft Environmental Impact Report ("DEIR") for the above-referenced project and to advise the Planning Department of the mitigation measures that Kaiser Permanente Oakland Medical Center ("Medical Center") is prepared to adopt for the project. We thank the City of Oakland for its support of this very worthwhile project. The purpose of the project is to provide the Medical Center with additional space for physician offices and related support personnel and services which are needed to serve our current membership. The Medical Center supports a service population of approximately 200,000 people. Approximately thirty-four percent (34%) of the population of Oakland is included in this group. The proposed MOB will help to relieve overcrowded conditions at the Medical Center that have had an adverse impact on staff morale and physician recruitment efforts. If not alleviated, these overcrowded conditions could ultimately impact on the quality of service that we deliver to our patients.

The Medical Center desires to construct a Medical Office Building that meets the foregoing needs and which is sensitive to the concerns of its neighbors and the various departments of the City of Oakland. The following mitigation plan has been developed with those concerns in mind. To facilitate your review, we have organized the mitigation measures under the categories presented in the DEIR. We expect that these measures will be incorporated into the Final Environmental Impact Report.

A. Land Use, Comprehensive Plan and Zoning

277

-To the extent feasible, the Medical Center will make the two single-family residential structures within the project area available for relocation to residential areas in Oakland.

-The Medical Center will provide relocation assistance to the one current tenant of the residential unit that will be removed from the project site, in the form of a moving allowance in the amount of \$1,500 to cover actual

documented costs associated with finding and moving to new accommodations within the nine-county Bay Area. In lieu of this, the tenant may elect to receive a moving allowance of \$500 in cash without the need to substantiate any costs.

B. Urban Design and Visual Quality

278

-The Medical Center will provide a landscaped buffer of trees at the perimeter of the project site along site frontages at Howe Street, Cerrito Avenue/38th Street, and at the property lines between the project and existing adjacent residential structures.

-The Medical Center will provide landscaped buffer space at the northwest site boundary.

-The Medical Center will use light-colored, as opposed to white or darker colored material for building facings.

-The Medical Center will arrange the nighttime operation of janitorial services in the proposed MOB to limit the use of interior lighting to those areas in which an employee is present and to hallways and stairwells for safety considerations.

-The Medical Center will shield exterior lights so the light is directed away from adjacent residential structures. Exterior lights along pedestrian walkways will be shielded and directed downward. The Medical Center will avoid spotlighting building walls and landscaped areas, except as needed for safety and security purposes.

C. Historic and Architectural Resources

279

-The Medical Center will donate the single-family residence at 253-38th Street to the City of Oakland or to a non-profit agency, or make the structure available for relocation to a vacant lot in a nearby residential area rated by the Oakland Cultural Heritage Survey where the structure could contribute to the historical and/or architectural integrity of the neighborhood so long as the residence will be moved thirty (30) days prior to the commencement of construction.

D. Transportation, Circulation and Parking

280

-If desired by the Traffic Engineering Department, the Medical Center will implement directional improvements along Howe Street that could include restriping the southbound Howe Street approach at MacArthur Blvd. to provide two left turn lanes and one right turn lane, each 180 feet in length.

-If desired by the Traffic Engineering Department, the Medical Center will stripe Howe Street to provide passenger drop-off/pick-up areas for 120 feet on the west side of Howe Street between the southern crosswalk and the emergency vehicle lot exit driveway, and for 40 feet on the east side of Howe Street north of the southern pedestrian crosswalk.

-If desired by the Traffic Engineering Department, the Medical Center will support a timing modification of the existing traffic signal at the MacArthur Blvd./Howe Street intersection to provide for a protected eastbound left turn phase from MacArthur Blvd.

-If desired by the Traffic Engineering Department, the Medical Center will move the northern Howe Street pedestrian crosswalk 65 feet to the north and directly opposite the pedestrian access to the employee parking structure.

-If desired by the Traffic Engineering Department, the Medical Center will modify both the northern and southern crosswalks on Howe Street to provide a slightly elevated surface.

- If desired by the Traffic Engineering Department, the Medical Center will stripe and sign a 100-foot passenger pick-up/drop-off area on the west side of Howe Street adjacent to the proposed MOB as shown in Figure 38 of the DEIR.
- The Medical Center will place signs at appropriate places directing people to the tunnel in the Medical Center and the building located at 3772 Howe Street.
- The Medical Center will provide parking information to those who call for appointments and make it known that they will be coming to the Medical Center for the first time.
- The Medical Center will note the location of the patient/visitor garage on Howe Street on all written appointment confirmations.
- The Medical Center will support the placement of a highly visible sign on the 41st Street westbound approach at Howe Street indicating that through traffic should use 40th Street.
- The Medical Center will develop and implement a comprehensive Transportation System Management ("TSM") plan that will apply to the entire Medical Center. Elements of the plan may include the provision of reduced cost parking and preferential spaces for employees who rideshare, the designation of several locations for the preferential spaces, the encouragement of employees to park in off-street parking garages and lots, and the provision of safe and secure bicycle parking for employees who wish to commute by bicycle.
- In conjunction with the TSM program, the Medical Center will develop and implement procedures for increasing the parking occupancy of the Medical Center off-street parking garages and lots, which could include: (a) reducing the price of parking in the patient/visitor garage on Howe Street, (b) placing parking vacancy signs outside said garage when occupancy is below 95%, and (c) improving the internal signage for said garage to more clearly guide motorists to all available garage parking spaces.
- In conjunction with the TSM program, the Medical Center will monitor the occupancy of off-street and on-street parking in the project site vicinity in its effort to develop procedures for increasing the parking occupancy of the Medical Center leased and maintained off-street parking garages and lots.
- The Medical Center will limit access between 38th Street/Cerrito Avenue and the Medical Center to employees and residents of the Cerrito Avenue neighborhood with a gate such as that currently in operation.

E. Air Quality

281

- The construction contract will require the construction crew to water all unpaved construction areas at least twice a day during evacuation and grading, to keep stockpiled materials covered, and to immediately sweep up any soil material spilled onto paved surfaces during excavation. The construction contract will also require the construction crew to maintain and operate equipment so as to minimize exhaust emissions. Particularly, the construction crew will be required to keep the engines of construction trucks and vehicles off during extended loading and unloading queues.
- Where they do not currently exist, the Medical Center will install filters on air intake ducts at the Medical Center and check the filters regularly during construction.
- The Medical Center will develop and implement a TSM plan that is specific to the entire Medical Center.
- The Medical Center will develop for the proposed MOB policies regarding the disposal and operation of air conditioning and refrigeration equipment to minimize the release of CFCs.
- The Medical Center will support regional efforts designed to enhance the ridership on mass transit to relieve projected congestion on Highway 580.

-The Medical Center will continue to utilize the policies it has developed that encourage the use of recyclable materials associated with employee, patient and visitor food service.

F. Noise

282

-The Medical Center will limit noisy construction activities to the period between 8:00 am to 6:00pm, Monday through Saturday.

-The Medical Center will require its general contractor to construct barriers around the site (especially along Cerrito Avenue and the border line with residences on 38th Street), and around stationary equipment such as compressors, which would reduce construction noise by as much as five dbA. Alternatively, the general contractor could locate stationary equipment in pits or excavated areas, which will serve as noise barriers.

-The Medical Center will require the general contractor to muffle and shield intakes and exhausts, to shroud or shield impact tools, and to use electric-powered rather than diesel-powered construction equipment where practical.

G. Geology, Soils, and Seismicity

283

-The Medical Center will follow the recommendations outlined in the soil investigation report and include a geotechnical engineer in the excavation process. The Medical Center shall also instruct its construction contractor to balance excavation and filling to the extent feasible, to reuse excavated soil on-site to the extent feasible, and to cover all haul trucks leaving the site.

-The project civil engineer will develop and supervise the implementation of an erosion control plan. The guidelines set forth on p.11 of the DEIR will be followed.

-The project will be constructed in conformance with the seismic and life safety standards of the Uniform Building Code.

-The Medical Center will securely fasten all potentially hazardous non-structural building elements to the building structure, including shelves, office equipment, wall hangings and suspended ceilings.

-Consistent with the Medical Center's standard practices, the Medical Center will prepare an emergency response plan for the proposed MOB. Periodic drills for hospital employees will be conducted and a safe outdoor area for evacuation will be designated.

H. Hydrology

284

-Drainage facilities will be designed by a California-licensed civil engineer in conformance with the City of Oakland design standards.

-The Medical Center will submit the design of the project drainage facilities to the City for review calculations to investigate adequacy of existing storm drains to accommodate projected peak flows from the developed site.

-An erosion control plan will be prepared by the project soils engineer.

I. Public Services and Utilities

285

-The Oakland Police Department and the Fire Department will review and approve the building plans to ensure that adequate site and building access are available for emergency response services. The Fire Department will be given an access code for any building entrance doors that will be locked during normal operating hours. The Fire Department will also determine whether

Uniform Building Code requirements are met.

-The Medical Center will install an additional fire hydrant adjacent to the project site to ensure adequate capabilities for fire suppression in the area of the project site.

-If required by the East Bay Municipal Utility District, the Medical Center will install a supply main on Howe Street, to the extent required by an East Bay Mud survey, to serve project-generated demands for water.

-The Medical Center will review and adopt where feasible and consistent with health and safety practices recommendations of the State Department of Water Resources for reducing water consumption and reducing the generation of wastewater.

-The Medical Center will incorporate into the design of the project building facilities for recycling of paper, glass and metal waste products. The Medical Center shall also, the extent feasible, replace plastic and other non-recyclable materials with biodegradable and/or reusable materials for disposable items.

J. Energy

286

-The project will be constructed with the reduction of electricity and natural gas consumption in mind. The measures set forth on p.192 of the DEIR will be incorporated into the project where feasible.

-The Medical Center will develop and implement a TSM plan that will apply to the entire Medical Center.

K. Public Health and Safety

287

-The Medical Center will use a licensed asbestos removal contractor for all asbestos abatement work required by the project.

-The Medical Center will design magnetic facilities (and include magnetic shielding, if necessary) to assure that magnetic fields are within legally required standards. The Medical Center also will post warning signs at all entrances to high magnetic field areas.

L. Other Mitigation Measures

288

-If desired by the 38th Street and Cerrito Avenue residents, the Medical Center will provide a fence along the Cerrito Avenue frontage of the project site.

The resolution of several issues discussed in the DEIR, particularly traffic circulation and landscaping issues, ultimately will depend on how the Traffic Engineering Department reacts to the traffic circulation issues that were raised and how members of the community react to landscaping and buffer issues. The Medical Center has indicated that it will adopt reasonable measures to mitigate the adverse environmental impacts identified in the DEIR; however, it cannot commit to specific mitigation measures until the specific desires of the Traffic Engineering Department and the neighboring community are determined.

289

Having commented on the mitigation measures we are prepared to adopt for the MOB project, we take this opportunity to clarify certain statements in the DEIR. In recommending that the Medical Center incorporate into the design of the proposed MOB facilities for recycling of paper, glass and metal waste products, it is not clear whether the report is suggesting that the Medical Center construct some type of physical structure to facilitate the recycling efforts of its employees, patients and visitors or whether the provision of free standing receptacles will

afford adequate mitigation. It is the Medical Center's view that the provision of easily accessible separate holding bins for recycled materials will encourage the recycling of waste products.

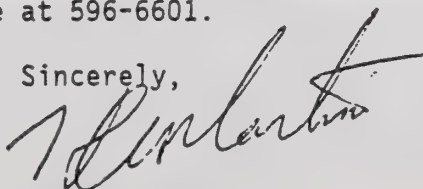
Regarding the feasibility of alternative sites, Section XI.E states that the Medical Center has rejected the 3505 Broadway ("Mosswood Building") and 3451 Piedmont Avenue buildings as alternatives because it is not financially and programmatically feasible to develop them to accommodate the medical services that are proposed for the MOB. The small size and inability to bring the 3451 Piedmont Building up to the required seismic standards makes that alternative unfeasible. The Medical Center continues to believe that development of the Mosswood Building as a medical service facility would be very costly; however, we do not consider such development financially infeasible. There are several programmatic reasons 290 why the Mosswood Building cannot be substituted for the proposed MOB, as it is operationally limited in many ways. First, the Mosswood Building does not have adequate parking capacity. Second, the Department of Medicine, which is the primary physician group that will be located in the proposed MOB, requires a direct adjacency to hospital-based diagnostic and clinical support departments (including, Radiology, MRI-Magnetic Resonance Imaging, CT Scan, Echocardiography and Lithotripsy). Many of the patients seen by physicians in the Department of Medicine are frail or disabled and would have difficulty accessing these support services from a more distant location. In addition, these physicians often have hospitalized patients to see on a daily basis.

Although future developments could make the Mosswood Building feasible for other medical office-related uses, its development for use by the Department of Medicine is not appropriate because of its distance from the main hospital and its support services.

We also take this opportunity to clarify language in the DEIR regarding the provision of an atrium on the project site. The DEIR states the present proposal includes a "landscaped atrium along the Howe Street frontage between the proposed Medical Office Building and the existing Hospital campus." We have not proposed 291 building an atrium in this location. In fact, the stated placement of the atrium is inconsistent with the design of the building. The area between the proposed MOB and the existing Medical Center is used by the Emergency Department for ingress and egress to the Medical Center. The only atrium that has been designed for the proposed MOB is the glass enclosed atrium that connects the two portions of the proposed MOB. This atrium is aligned parallel to the Howe Street frontage.

We welcome the opportunity to discuss these measures and comments with you. Please direct any questions that you have to me at 596-6601.

Sincerely,



Thomas DeMartino
Administrator

TD/phd

cc: Alvin James, OPD
Chris Glore, ESA

B. TRANSCRIPT OF PUBLIC TESTIMONY

OAKLAND CITY PLANNING COMMISSION

PUBLIC HEARING

ORIGINAL

HELD AT:

THE LAKESIDE GARDEN CENTER

666 BELLEVUE

OAKLAND, CALIFORNIA

IN RE OF ITEM NUMBER 27

Consideration of the Draft Environmental Impact Report

Re: Kaiser Permanente Medical Center

REPORTER'S TRANSCRIPT OF PROCEEDINGS

WEDNESDAY, SEPTEMBER 18TH, 1990

REPORTED BY:

JILL ANNE CLARK

C.S.R. #8563

CLARK REPORTING

2124 KITTREDGE #156

BERKELEY, CA 94704

(415) 233-4304

I N D E X

Commencement of Item 27

4

PUBLIC TESTIMONY:

By Mr. DeMartino

7

By Dr. Kline

17

By Mr. Peeples

20

By Mr. Horton

29

By Mr. Csicsery

33

By Ms. Mirzalan

37

By Ms. McRobie

39

Adjournment of Item 27

44

Reporter's Certificate

45

A P P E A R A N C E S

OAKLAND CITY PLANNING COMMISSION:

GORDON HENDERSON, Chair

JUDY ROWE, Commissioner

VICTOR MAR, Commissioner

Doug Jones, Commissioner,

Lucille Gudger, Commissioner

Bruce Black, Commissioner

Joseph DeLuca, Commissioner

**

ALVIN JAMES, Planning Director

THOMAS DOCTOR, Secretary

1 WEDNESDAY, SEPTEMBER 20, 1990

2 MR. DOCTOR: Item number 27, as it appears on
3 the agenda, is the consideration of a Draft Environmental
4 Impact Report for a proposed 123,000 square foot
5 four-story medical office building being proposed by
6 Kaiser Permanente for a site that's generally bounded by
7 the medical center itself, the Kaiser Medical Center.
8 It's located at the intersection of MacArthur Boulevard
9 and Broadway, Howe Street on the east, 38th Street and
10 Cerrito Avenue generally in the north and west.

11 The project will include a General Plan Amendment
12 and a rezoning of approximately 7,000 square feet of the
13 area that's now in the R-70 Zone to the S-1 Zone. The
14 project is the construction of the medical office
15 building and the expansion of the zoning, the S-1 medical
16 center zone.

17 What we have before you today is the Draft of the
18 Environmental Impact Report that has been prepared
19 subject to the provisions of the California Environmental
20 Quality Act that required an environment document to be
21 prepared for a discretionary project such as the site
22 described in the Commission agenda.

23 The Draft Environmental Impact Report was circulated
24 to the public as of October 24th, 1990. The public has
25 been given opportunity to respond. We have received some

1 responses from the public and agencies that are in the
2 record and will be included in the final EIR.

3 Today's hearing is the opportunity for the general
4 public to be heard on the Draft Environmental Impact
5 Report. What we are considering is what might be the
6 significant affects on the environment as a result of the
7 construction of this project. We are, therefore, dealing
8 with a project as proposed by Kaiser.

9 Subsequently after the Environmental Impact Report
10 is certified, the Final EIR is certified, the Planning
11 Commission will be asked to consider the specific
12 discretionary decisions that they are asked to make on
13 the rezoning and the general Plan change. What we are
14 about tonight, however, is to determine whether the Draft
15 Environmental Impact Report is an adequate document,
16 whether it reveals all of the possible affects that might
17 result from the construction of the proposed project and
18 if there are some deficiencies in the Report. Then they
19 will be responded to in the Final EIR in the way of
20 responses to comments received today.

21 We have a number of cards, both for and against and
22 so forth.

23 MR. JONES: Mr. Doctor before we go to that, I
24 believe there was an error in the date submitted. I
25 believe you said "October 24th, 1990".

1 MR. DOCTOR: I should have said "August 21st,
2 1990". That was the date the EIR was released for public
3 consumption.

4 CHAIRMAN HENDERSON: All right, do we have
5 speaker cards?

6 MR. JAMES: We have a number of cards. Please
7 bear with me as I try to walk them through. We have six
8 speaker cards that are against finding the document
9 adequate and a desire to speak. We have six speaker
10 cards that are against certifying the document who do not
11 wish to speak but they are available to answer questions;
12 then we have eight speaker cards who don't indicate a
13 position but simply they're available to answer
14 questions, otherwise don't wish to speak.

15 We have six speaker cards in favor who do wish to
16 speak, two speaker cards in favor who don't wish to
17 speak, one speaker card that is against. They have
18 indicated they desire to speak and they have also
19 indicated that they don't care to speak.

20 CHAIRMAN HENDERSON: I'm glad it's only 8:00
21 p.m. instead of 10:30. Earlier I asked that you attempt
22 to organize yourselves into smaller groups so we could
23 get straight input from one person. We have a lot of
24 items to hear on the agenda, as you can tell.

25 MR. JAMES: Mr. Chairman, in order to help the

1 Commission to frame the issues as it relates to the EIR,
2 it might be helpful to have a representative from Kaiser
3 give you a conceptual description of the project and I
4 think that would probably help, at least when testimony
5 is given, help you to focus in on certain areas of
6 concern.

7 CHAIRMAN HENDERSON: Do we have someone from
8 Kaiser who could appropriately do that?

9 MR. JAMES: As each speaker comes to the
10 podium, please state your name. You're being recorded.
11 The tape recorder, obviously, would not be able to, when
12 we go back through it, determine who is speaking unless
13 you first state your name.

14 MR. DeMARTINO: My name is Tom DeMartino. I'm
15 the Administrator for the Kaiser Permanente Medical
16 Center in Oakland. Approximately 200,000 residents of
17 Oakland and surrounding communities, or about 30% of the
18 population, are health plan members and they receive
19 practically all their medical care from our Oakland
20 facilities and staff.

21 To personalize this a little bit, I would guess that
22 almost everyone in this room is either a Kaiser Health
23 Plan member or has family, friends or work associates who
24 receive their health care from us.
25 We believe we provide excellent comprehensive medical

1 care at a reasonable cost. In fact, Kaiser Permanente
2 has been a leader in efforts to control medical costs.

3 One way we do this is by owning our own hospital and
4 integrating out-patient services with the more expensive
5 hospital based ones. This way we can offer all levels of
6 care in a single, convenient, and hopefully efficient
7 location.

8 But, today we are facing a serious shortage in
9 space. We are simply out of room to effectively and
10 efficiently serve our members. Our cramped and crowded
11 facilities compromise our staff's ability to meet their
12 own high expectations for providing service and it's
13 adversely affecting morale.

14 Our proposed medical office building is designed to
15 ease this situation and allow us to better serve our
16 existing members, not to attract additional members. Our
17 physician in Chief, Doctor Bob Kline, will briefly
18 explain the medical care needs of this office in Oakland.

19 In closing, however, I would like you to be aware
20 that we have been discussed planning and designing this
21 medical office building for more than six years.
22 Throughout that time we had most of a number of meetings
23 with community residents to discuss this project and keep
24 them apprised of the changes in health care over that
25 time, and our modifications of the project to meet those

1 changes. We have attempted to address these concerns
2 along with those of our health plan members and our
3 staff.

4 We do have a number of members of our staff who are
5 present and available to answer questions. We'd like to
6 have Doctor Kline following.

7 MR. JAMES: Will someone in this series of
8 presentations describe the program?

9 MR. DeMARTINO: You wanted architectural?

10 MR. JAMES: Architectural, something that would
11 give the Commission a sense of what the issue is.

12 MR. DeMARTINO: The building will house
13 approximately 66 doctor provider offices and all the
14 associated support space that goes along with it. There
15 are a few other departments that will be included in
16 there, including a Magnetic Resonance Imaging Unit, which
17 is an x-ray unit. It will include a couple of the
18 administrative departments and some management personnel.
19 It will include a health plan service representative's
20 office.

21 It is located, will be located right across from our
22 major parking facility. We plan to connect the building
23 with our major building through a tunnel. The physicians
24 that are located in that building are essentially doctors
25 who practice heavily in the medical center in the

1 hospital itself. The proximity to the hospital is key
2 for them to be located there.

3 Is there anything further?

4 CHAIRMAN HENDERSON: Briefly, one of the things
5 we are considering today is the affect on the physical
6 environment. That's one of our main concerns as well as
7 what are the cumulative effects of this project on the
8 immediate community. By explaining the project in
9 total, that would give us a better idea, plus those
10 person's who want to speak.

11 MR. DeMARTINO: May I add a bit?

12 CHAIRMAN HENDERSON: Sure.

13 MR. DeMARTINO: We have approximately 270
14 physicians who practice on our campus. We are currently
15 short somewhat in excess of 50 offices and the associated
16 exam space and nurses' stations and so forth that would
17 support that. The way we've coped with that is to double
18 physicians up and essentially crowd most departments.

19 Our work is generated not by the size of our
20 facility, really, but by the number of members that we
21 serve. Membership is approximately, as I said, 200,000
22 people. They get essentially all their care at the
23 medical center. That number of people generate the
24 revenue and dictate the number of physicians and
25 non-physician personnel and support personnel that we

1 will need to do that.

2 Our space on that site has been far exceeded,
3 frankly, by growth in our membership and by some changes
4 in practice. One particularly important one is the
5 Permanente Medical Group, which is the group that
6 provides medical care to us, has changed recently the
7 ratio of doctors that they have per member. Essentially
8 for the same number of members we have more doctors and
9 more support personnel and consequently a need for
10 additional space. That has been one difficulty we've
11 encountered.

12 The nature of our facility is a tertiary one which
13 means that we have a variety of specialty services that
14 support many of the other Kaiser facilities. Although we
15 have not had a great deal of growth in our membership
16 right in Oakland, the outlying areas have had a fairly
17 expansive growth. Many of those patients do come into
18 the Kaiser Medical Center for specialty services and that
19 also has compromised, somewhat, our space situation.

20 CHAIRMAN HENDERSON: Commissioner Black?

21 COMMISSIONER BLACK: I've sat on this
22 Commission some time and I've seen a number of Kaiser
23 projects come before us, in the case of Children's
24 Hospital, for example. I've been on the Commission for
25 some time and I've seen a number of Kaiser projects. The

1 same thing happened at Children's Hospital and they came
2 up with a master plan in which we had some idea as to the
3 what direction they were going so that could be planned.

4 I'm just curious, does Kaiser have any kind of a
5 master plan and how long has this, for example, been part
6 of the planning process at Kaiser or is it something that
7 just popped up, market driven recently?

8 MR. DeMARTINO: We have what we call a master
9 plan. It happens to be about a 12-year plan. It's what
10 we would call a living document; it's modified constantly
11 as conditions change. It's based on -- our inventory is
12 based -- it's based on our projection of health plan
13 members. It's based on our projection of how we might
14 change the ratio of staff to physicians, and our best
15 estimate of what new services might arise in the future
16 years.

17 As I say, it's adjusted periodically. It's funded
18 typically only for two or three years out and it's a
19 rolling sort of plan. So in our definition we clearly
20 have a master plan and we have had it for a long time.

21 COMMISSIONER BLACK: I think it may not be part
22 of your policy, but it would certainly help if the
23 community has some idea as to what direction that Kaiser
24 goes because then what happens at the last minute is they
25 think we're being impacted again and they think the

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1 worst, not knowing what's going to be happening in the
2 future.

3 So, this may not be relevant to the immediate
4 question, but I can not help but bring it up because it's
5 something that has gnawed at me, for example, for a long
6 time, not knowing what's going to be there in the future.
7 So, I would hope we could get a look at that other plan.

8 CHAIRMAN HENDERSON: Commissioner Rowe?

9 COMMISSIONER ROWE: I'd like to reiterate on
10 this question too because part of the EIR is talking
11 about the zoning and I think historically where the S
12 zone is, it was planned that was where your expansion
13 would take place. We have no way of knowing in this
14 document as it exists today where your future expansion
15 plans will occur.

16 What we'd like to know, at least what I'd like to
17 know is what parcels that you own and what your plans are
18 for this master plan development so we can look at this
19 current proposal in light of that and in light of
20 possibly rezoning some of these parcels, which is one of
21 the suggestions this EIR makes as possible mitigation.

22 The other concern I have is there are things like
23 your emergency room entrance in the parking lot there,
24 that doesn't work worth beans as far as I'm concerned,
25 and there are things that I'm sure you probably have

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1 plans for and will impact this structure and the impact
2 it will make on the community as well as the rest of the
3 hospital. I think we need to look at those as part of
4 this overall environmental report.

5 MR. DeMARTINO: Would it help if I addressed
6 that?

7 COMMISSIONER ROWE: Yes, please.

8 MR. DeMARTINO: We own several properties on
9 38th Street, a couple on Cerrito. They're residential
10 properties. We own three properties that are on the
11 subject site, the project site. With the exception of
12 the three properties on the subject site, our master plan
13 has nothing in it for development of those properties.

14 We do have an intention of rounding off our campus
15 sometime in the future with an administrative structure
16 that would probably replace, if you're familiar with the
17 campus, the existing old Fabiola building. We hope to
18 replace that with what we call an administrative or
19 support building. It would not be a patient building.

20 We feel that would be the last major expansion on
21 the campus, part of a few remodeling projects we would do
22 to fill in after people were relocated to a new medical
23 office building. We think, frankly, that we do not a
24 time, for looking out to our planning horizon at 2002
25 that the campus will not support further ambulatory

1 expansion on the campus.

2 Accordingly, we have begun exploration of outside
3 sites for that eventuality. We do not have a time table
4 for that. We've looked at a number of properties ranging
5 from Hegenberger Road up to Albany, but we have a couple
6 of ideas. We have not fixed in yet on what we really
7 want to do.

8 What we propose of this project is really to address
9 our past needs. We want to catch up. We want to be able
10 to satisfy our current constituency. The intent with
11 this project is not to attract new members but really try
12 to provide a decent, reasonable service with adequate
13 space for the members that we have now. I recognize that
14 should we expand, should we grow in membership in the
15 future, we will likely have to divest ourselves of some
16 of our ambulatory services outside of the campus.

17 However, there is a basic core service that really
18 needs to operate in conjunction with the acute hospital.
19 That's what we're trying to accomplish with this project,
20 our highest priority first.

21 CHAIRMAN HENDERSON: Commissioner Jones?

22 COMMISSIONER JONES: Can you address for us at
23 all the anticipated level of efficiency that would be
24 derived from this expansion? I'm asking this as an
25 interested citizen and also as a member. Last October I

1 asked for a medical review. I got it the end of January.
2 I got the feedback June second -- June first.

3 MR. DeMARTINO: Are you asking will this impact
4 our service?

5 COMMISSIONER JONES: Yes.

6 MR. DeMARTINO: Sure. We absolutely believe
7 so. One of the problems with having a shortage of space
8 is that for key personnel it becomes dissatisfying and
9 difficult; it compromises our ability to recruit.

10 Doctor Kline might comment on that. It's not quite
11 as easy for us to recruit physicians when we don't have a
12 decent office to show them in the first place. Some of
13 our departments are running with far less space than we
14 would consider adequate to maintain in appropriate
15 efficiency; they're compromised.

16 Our emergency room, as somebody mentioned, is
17 grossly under-sized. We have no capability to expand
18 that until we move things out from around it. Most of
19 our departments that we want to expand really have
20 nothing to do with additional personnel or additional
21 patients. What we want to do is give them more space so
22 they can operate more efficiently, provide a better
23 service to people who are currently enrolled in Kaiser's
24 program.

25 We think, definitely, it will have an impact both on

1 staff morale, patient satisfaction and speed in which we
2 can process our people and the overall quality of
3 service.

4 CHAIRMAN HENDERSON: Thank you, Mr. DeMartino.
5 Then we can hear from Doctor Kline.

6 MR. JAMES: As he's coming, my understanding is
7 those that are in opposition may have organized
8 themselves and they have three speakers.

9 DOCTOR KLINE: Thank you. I'm Bob Kline. I'm
10 a Neurologist and I'm the Physician in Chief at the
11 Kaiser Medical Center in Oakland. Tom DeMartino has
12 touched on several areas which I was going to discuss and
13 what I think I would like to do is to very briefly give
14 you a perspective of the reason for the need of this
15 particular facility as it's viewed by the medical staff,
16 maybe to address Mr. Jones' question in a little more
17 detail.

18 Very briefly, I think we're pretty much all aware
19 that medical care in the last several years has undergone
20 considerable change and has encountered significant
21 challenges. I won't give you the whole laundry list of
22 these, but I think a few would serve as decent examples.
23 One is the Asian population, the AIDS epidemic, crack
24 cocaine epidemic, and the really startling advances that
25 have been made in technology and health care such as the

1 MRI machine we're talking about such as Lupitripoters
2 (phonetic) and such as neonatal intensive care units.

3 The result of all of this has been that there is
4 really a sicker population that is now seeking care and,
5 on the other hand, there is an enhanced ability to
6 provide care to these people. The net result, however,
7 is that there is a significant increase in the demand for
8 space and there is an increase in the demand for some
9 very sophisticated personnel to provide the care.

10 What we have been doing in the recent years at the
11 Oakland facility to meet the space demands is to change
12 some of our hospital rooms, physician offices and exam
13 rooms, to have a significant number of physicians sharing
14 offices, have a significant number of physicians using
15 only one exam room to treat a very large patient
16 population. It's a very inefficient way to provide
17 health care.

18 In addition, we have jammed, literally jammed into
19 inadequate space our support personnel and we have asked
20 our health plan members to endure some very cramped
21 and confined space. This is not the way we want to
22 provide health care. This is a very unsatisfactory way
23 to both deliver care and to receive care.

24 We are finding it increasingly difficult, by virtue
25 of the space constraints that we have, to attract and

1 recruit the kind of physician staff that we're dedicated
2 to having at the Oakland facility and we're finding it
3 equally difficult to recruit and retain that
4 sophisticated support personnel that I was mentioning
5 earlier.

6 What this medical office building is designed to do
7 is to provide us with adequate numbers of offices,
8 adequate support personnel space, adequate exam rooms to
9 meet the current needs, to meet the current needs for our
10 Internal Medicine Department, our Allergy Department and
11 our Dermatology Department. In addition, we are looking
12 to add into or put into the Medical Office Building both
13 pharmacy and laboratory capabilities.

14 The end result of this should be much improved
15 services to our health plan members, a much more
16 satisfactory environment in which to work, and a much
17 more efficient environment in which to work. I think the
18 need, from the medical staff's point of view, for this
19 medical office building is very real, very series and I
20 don't think it is an over statement in any stretch of the
21 imagination for me to say that we're in desperate need
22 for the space which this building will provide.

23 I would be very happy to extend an invitation to any
24 and all members of the Commission. It sounds like some
25 of you have been there already, but come and take a tour

1 of the facility, sort of a behind-the-scenes tour of the
2 facility so you can get a first-hand view of what we're
3 talking about. I'd be happy to try and answer questions.

4 CHAIRMAN HENDERSON: Questions for the speaker?
5 Doctor Kline, thank you very much.

6 MR. JAMES: I'd like to amend my previous
7 statement about there being three individuals. We got a
8 note from one individual indicating he wished to speak as
9 an individual and I don't believe they are represented by
10 the three, which leads me to suspect there may be others
11 lurking outside there with the same point of view.

12 CHAIRMAN HENDERSON: All right, let's take the
13 first speaker.

14 MR. JAMES: Mr. Chris Peeples. He is a part of
15 the coalition.

16 MR. PEEPLES: Mr. Henderson, Members of the
17 Commission, my name is Chris Peeples, I am the Chair of
18 the Panel of the Piedmont Avenue Neighborhood Improvement
19 League and we have undertaken to put together a committee
20 to a fairly intensive written response to the Draft EIR
21 and I may have mislead Mr. James a little bit because
22 what I said is the Panel had managed to put together
23 three people to talk about various sections.

24 I think there are a number of people who are here to
25 speak on their own behalf and I think many of them agree

1 with what Panel has to say, but really want to tell you
2 of the impact of this project on their own lives and
3 their own housing.

4 I'd like to ask all of those, all the neighbors who
5 are here with some of the concerns about the project, if
6 they would please stand, whether you're going to speak or
7 not. Thank you.

8 MR. JAMES: May I interrupt, if I may,
9 Mr. Chairman? Since it's unclear at this point in time
10 how many people really do want to speak, perhaps it would
11 be fair to all before the first speaker goes into their
12 presentation, does the Commission want to impose time
13 limits?

14 CHAIRMAN HENDERSON: I was hoping to sort of --
15 if we had three speakers, four minutes apiece, but if we
16 have an excessive number -- are you the key speaker?

17 MR. PEEPLES: I'm doing an introduction and I
18 will be speaking a little bit about parking and traffic.
19 The three of us have roughly an equal --

20 CHAIRMAN HENDERSON: Is it going to take you
21 over three minutes?

22 MR. PEEPLES: I tried to time it to less than
23 that.

24 CHAIRMAN HENDERSON: Let's do three minutes.

25 MR. PEEPLES: Thank you. Kaiser is a very

1 important part of our community. It provides health care
2 to a great many of us. It provides a large number of
3 well paid unionized jobs to this community. It also
4 provides a great deal of commercial vitality and activity
5 on Piedmont Avenue.

6 A number of the things we're going to say are going
7 to be negative about this particular project. That
8 doesn't mean we don't like Kaiser, but the process we are
9 engaged upon here is not to determine whether Kaiser is a
10 good idea or not, but to determine whether it can provide
11 those services with as little of an impact and as much of
12 a mitigation of the impacts on the community as possible.

13 It is our conclusion, after putting together a
14 committee and trying to very thoroughly study this Draft
15 EIR, that the Draft EIR does not provide you, the
16 Commission, the policy makers, with enough information
17 and enough analysis of the possible mitigations to enable
18 you to make a reasoned judgment.

19 I'm going to speak very briefly about the parking
20 and traffic problems. Mr. George Horton who's an
21 architect will speak very briefly about some of the
22 design and the general plan problems and George Csicsery
23 who lives just up the street from Kaiser will talk a
24 little bit about crime and noise.

25 We have a number of other issues. A major section

1 of our response is going to be talking about exactly what
2 Miss Rowe and Mr. Black was talking about. There have
3 been continual expansions of this facility. In fact, I
4 was just told that they have made an offer to by a
5 ten-unit apartment building just east of the current
6 facility. That doesn't fit in with what Mr. DeMartino
7 said and I don't know what that situation is. We think
8 it's very important that a long-range development plan be
9 prepared and then there be some impact.

10 Let me talk very briefly about parking and traffic.
11 Those of you who go to the facility and those of us who
12 live in the neighborhood know that at the current level
13 those impacts are already intolerable. What Kaiser
14 proposes to do is build a 123,000 square foot building
15 with negative extra parking spaces. They're going to
16 remove 12 on-site spaces and an unknown number of
17 on-street spaces.

18 The EIR sets out a number of proposals, a number of
19 different formulas for calculating the number of spaces
20 needed, but they never knew the calculations. The
21 calculations say that somewhere between 336 and 476
22 additional spaces will be needed. The EIR then tries to
23 say that those are going to be provided by on-street
24 parking. It's not going to happen.

25 The EIR talks about TSM, Transportation System

1 Management Program --

2 MR. JAMES: Mr. Chairman, the speaker's time
3 has expired.

4 CHAIRMAN HENDERSON: Would you sum up?

5 MR. PEEPLES: Okay. The only examples they
6 give is a totally opposite one and the same problems
7 exist with traffic. We simply don't think the analysis
8 has been done in such a way that you can rationally make
9 your decision.

10 Let me introduce George Horton today who is another
11 member of the Drafting Committee for Panel for our
12 Responses to the EIR.

13 CHAIRMAN HENDERSON: Questions for the speaker?
14 Commissioner Jones?

15 COMMISSIONER JONES: Is it your estimation that
16 the existing level of the parking at Kaiser is inadequate
17 now, is under capacity?

18 MR. PEEPLES: Kaiser already takes 45% of the
19 on-street parking places in our neighborhood. That
20 number is low because, as the neighborhood is defined by
21 TSM, the people who do the traffic part of the
22 consulting, it stops at -- for example at 41st going
23 east, -- I live at 41st and Howe Street and there are a
24 great number of Kaiser people who walk by my house in the
25 morning coming from further away.

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1 The same story can be told south of Piedmont Avenue.
2 So at present, there is absolutely inadequate parking and
3 I think the studies that they show of both the employee
4 parking lot and the patient visitor parking lot
5 demonstrates that. The calculation we came up with is
6 there are roughly 40 empty spaces on average during the
7 day. That's a figure that comes out of the Draft EIR in
8 the visitor parking, assuming a standard figure of 95%
9 occupancy as being full, and 0 in the employee parking.
10 The employee parking is already 98 to 99 point something
11 percent full.

12 So, yes, we believe that right now, today, there is
13 an enormous parking deficit. What this building is going
14 to do is add 123,000 square feet, add a number of
15 employees -- and I'm sorry, I don't have that number in
16 my head -- and consolidate facilities that exist on
17 Piedmont Avenue and over on the other side of Broadway,
18 bring them all down on this two-lane little residential
19 street and take away parking rather than add it.

20 That's simply totally inadequate and we said that
21 last April when we talked about what subjects should be
22 covered in the EIR.

23 COMMISSIONER JONES: How much of the situation
24 would you attribute to individuals, or do you attribute
25 any to individuals who simply don't choose to pay for

1 parking? I have never gone there and was unable to find
2 parking.

3 MR. PEEPLES: There are some figures on that in
4 the document and I have to apologize because the traffic
5 portion was not my portion. The person who actually had
6 written that portion is out of town. There are some
7 studies that are presented and there is a big appendix in
8 the back of the book. There are a certain number of
9 people who simply don't want to pay for parking and our
10 request is that that parking be made free to encourage
11 them to park in the parking rather than otherwise.

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12 The figures themselves show that the parking today
13 really is inadequate in terms of the off-street parking.
14 You add that additional load which comes from the
15 existing facilities all gathered together on Howe Street
16 and the additional of a great many more and it's our
17 calculation that those 40 or 50 spaces which are the ones
18 you're able to use are gone and we need another,
19 somewhere between 300 and 500 more.

20 CHAIRMAN HENDERSON: Commissioner Black?

21 COMMISSIONER BLACK: I just had one question.
22 I've gone to Kaiser for years and I have never had a
23 problem parking. In fact, I think maybe once in ten
24 years I've parked on the roof of that structure, but one
25 of the things I've also noticed is if I want to shop at

1 the Broadway Center which is across the street from
2 Kaiser, which is a large parking area, every time I've
3 gone over there -- legitimately to use Kaiser -- that lot
4 has a lot of vacancies.

5 I'm wondering, you're talking about the street and
6 evidence of problems in parking, but I don't understand
7 how you arrived where I would feel comfortable that your
8 answer is valid.

9 MR. PEEPLES: The answer is twofold. First of
10 all, under the City of Oakland standards that parking lot
11 is further away than is allowed to be considered for this
12 medical office building. It's over 300 feet away and
13 it's not supposed to be considered. Kaiser does, for
14 their employees -- they currently occupy a bit of the
15 MacArthur Broadway Tower, and they do, for their
16 employees, rent some of the spaces down below.

17 The Draft EIR assumes that they are going to
18 continue to rent those spaces and in addition, they rent
19 some spaces on the roof and encourage people to go over
20 there. That is a facility. It is an under-used
21 facility, but I don't think it's one that's available for
22 this medical office building, and certainly, the evidence
23 of those of us who live in the neighborhood -- and as you
24 know, I live two blocks away -- is that people are
25 parking on our streets in enormous numbers and the Draft

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1 EIR says that Kaiser occupies 48% the on-street parking
2 spaces.

3 This is made even more serious by the fact that the
4 older homes in that area, a great many of them have
5 neither driveways nor garages and there are some older
6 multiples in that area. For example, there is a brick
7 12-unit multiple two houses down from mine, has no
8 parking at all. It's an older building and at the time,
9 it met code.

10 So, there is a lot of demand, resident demand for
11 that on-street parking. Kaiser is now taking up 48% of
12 it and you throw another 300 to 500 on the street -- and
13 that's the alternative which the EIR has, existing
14 on-street parking, and it's simply not going to work.

15 COMMISSIONER BLACK: You mentioned TSM and I
16 don't know, I can't remember whether Kaiser has a TSM now
17 or not, but I would think that would be another factor
18 that would help to alleviate.

19 MR. PEEPLES: I'm a transit person. I believe
20 in transit, et cetera, and that's I think, a major
21 deficit of that Draft EIR. The only thing they say about
22 the TSM is they compare it to Varian (phonetic) down in
23 Palo Alto, and I went there the day before yesterday to
24 try to talk to the TSM coordinator.

25 It is a totally inadequate situation. It's a large,

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1 multi-acre, one and two-story industrial park bordered by
2 upper Page Mill, which is six lanes, no parking on one
3 side and Hanson, which is two large truck lanes, no
4 parking, on the other. The nearest residential is
5 between half a mile and three quarters of a mile away.

6 So, it was very easy to do with TSM. The management
7 said, "We're not going to build parking; you're going to
8 have to use the TSM to get here".

9 CHAIRMAN HENDERSON: Mr. People's, thank you
10 very much.

11 MR. HORTON: Chairman Henderson, my name is
12 George Horton. As Chris mentioned, I'm an architect, a
13 resident of the neighborhood and a member of Panel. I
14 wish to speak on the design of this project and its
15 relationship to land use and housing elements of the
16 Comprehensive Plan.

17 The Comprehensive Plan requires that the design be
18 compatible with the surrounding neighborhood. In this
19 project the surrounding neighborhood is significantly of
20 low rise, single family and multiple family dwellings.
21 The first issue to review is size. In January of this
22 year the square footage of this project was listed 79,700
23 square feet. In the DEIR, the Draft EIR which was
24 released just a month ago in August the square footage
25 mushroomed to 122,000 square feet. That's an increase

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1 of 54%.

2 As a typical home in this neighborhood ranges from
3 1,200 to 2,000 square feet, this project is equivalent of
4 placing 60 to 100 single family homes on this site.
5 That's huge for this neighborhood. Although the
6 buildings are described as being three and four stories
7 in height, this is misleading, as the typical floor to
8 floor height is much greater in this building than is
9 found in surrounding residences.

10 The total building height provides a much more
11 meaningful comparison. The EIR lists the building height
12 as 50 to 63 feet. This is equivalent of approximately
13 six residential stories. Some of you who are familiar
14 with Kaiser, this is equal to the taller parking garage
15 across the street. That will give you some idea for the
16 scale of the building.

17 The total height is at least twice the total height
18 of the surrounding homes. However, because a portion of
19 their height is often composed of a pitched roof, the
20 perceived disparity would be even greater. The height is
21 not only visually overwhelming but also results in
22 significant shadows being cast on the adjacent
23 presidential buildings.

24 The Howe Street facade makes no attempt to
25 acknowledge the scale or rhythm of the neighborhood, or

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1 even to ignore it, ignoring its role as a transitional
2 building connected in this neighborhood to the
3 institutional building to the south.

4 A typical residential setback from the street is
5 abruptly terminated at the northern end of this project
6 building bringing the massive block far forward of the
7 residents. You see this in the photo montage on page 76.
8 Although the project has attempted to address the problem
9 to sale of the 38th Street-Cerrito Avenue facade, they
10 failed because of sheer size of this project. This can
11 also be seen in the photo montage on page 78.

12 The DEIR suggests areas of mitigation strategies in
13 dealing with these problems of massive height and scale.
14 These include planting of trees, use of light colored
15 stucco and more significantly, select the use of setback
16 to the fourth story. Although planes with the level of
17 impact can then be reduced to less than significant, the
18 massiveness of the building simply overwhelms these
19 strategies.

20 A Comprehensive Plan which deals with basic goals
21 and policies of the City of Oakland is meant to serve as
22 a guide for decision making in this City. The land use
23 and housing balance to this plan are particularly
24 pertinent to the Kaiser project. The land use factor and
25 Comprehensive Plan designates the entire site as high

1 density residential.

2 MR. JAMES: Mr. Chairman, the time has expired.

3 CHAIRMAN HENDERSON: Would you sum up?

4 MR. HORTON: Okay. As noted in the EIR, this
5 will require a change from residential to institutional.
6 The housing element calls for preservation of existing
7 housing stocks. What the Draft EIR doesn't point out is
8 that Kaiser has already demolished 12 units of housing on
9 this site five years ago for this project.

10 So, rather than displacing or destroying the six
11 units which they note, they're actually destroying 18
12 units. They are suggesting that relocation of one of
13 these 18 units, the Draft EIR suggests that this is
14 sufficient mitigation and I find it tough to understand
15 how replacing one unit of 18 is considered sufficient.
16 There is also some question about the financial
17 feasibility of relocating that one.

18 The land use element has a section prohibiting
19 destruction farther? of the existing neighborhood, and
20 this would certainly start that fact. The Draft, it
21 calls this an "unavoidable significant adverse impact
22 which can not be mitigated to a level of
23 insignificant"... that's in the Draft EIR, and this is
24 the beginning of the movement further north into the S-1
25 Zone. This is what the Draft EIR is referring to.

1 As a result of this, Panel has requested that Kaiser
2 create a 30-year master plan, echoing Mr. Black's and
3 Ms. Rowe's suggestions. We were told, oddly enough just
4 within the last few weeks, that Kaiser only has a 5-year
5 plan. It was interesting to learn this evening that it
6 is a 12-year plan.

7 MR. JAMES: The speaker's time has expired.

8 CHAIRMAN HENDERSON: Any questions of the
9 speaker? Thank you. The next speaker, please.

10 MR. CSICSERY: My name is George Csicsery. I'm
11 a resident and member of Panel. Mr. Chairman, Members of
12 the Commission, I've been asked to evaluate those
13 sections of the EIR which address crime and noise and
14 some other issues. I'll confine my remarks to crime and
15 noise.

16 Briefly, the sections of the DEIR which deal with
17 public safety do not address the issue of crime at all,
18 and those of us who live on Howe Street, Cerrito and in
19 the neighborhood know the significant impacts of crime on
20 our lives in the area. There are a great number of
21 people who use the area coming and going all day long,
22 and this level, any increase in this number of ambulator
23 population, hospital staff, patients, visitors and people
24 who prey on them at the present time will probably
25 increase with an increased population in the building.

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1 As far as noise is concerned, there were a number of
2 areas, number of sources of noise which are not addressed
3 at all, and the measurements taken measuring ambient
4 noise levels were taken August of '89 and they failed to
5 comment on a number of persistently irritating sources of
6 intermittent noise which chronically raises noise levels
7 to levels which are clearly unacceptable by any of the
8 accepted standards described in the document.

9 These include car alarms, localization along the
10 streets because many of us who live along Howe Street,
11 our experience is the street is often used as an
12 extension of Kaiser Hospital's waiting room and as a
13 place for people planning to go to the hospital
14 congregate, both staff, physicians and patients and
15 visitors. They are a source of noise through the
16 neighborhood.

17 There is the issue of ventilation as well, which has
18 never been addressed, in the existing tower despite
19 previous neighborhood complaints, and Kaiser has
20 indicated that the new MOB, medical office building, is
21 going to be the source of additional ventilation noise.
22 I'd like to invite any of you to my office. I live and
23 work in the area and I'd like you to hear what it sounds
24 like from the existing tower.

25 CHAIRMAN HENDERSON: Yes, Commissioner Mar?

1 COMMISSIONER MAR: Mr. Chairman, I've been a
2 member of the Asian Advisory Committee on Crime for a
3 number of years. Your statement doesn't bear too much on
4 the fact. The climate for drug use or drug sales and
5 mugging, that climate should be a very undesirable area
6 in that case where you have a proliferation of people on
7 the street at all times and sick people and definitely
8 not a population there that would be customers all for
9 the sale for illegal drugs.

10 So, I agree with the previous speakers about traffic
11 and all that, but your presentation on drugs is not
12 exactly too applicable, I think, in this particular area.

13 MR. CSICSERY: Should I respond to that?

14 COMMISSIONER MAR: Yes.

15 MR. CSICSERY: There is a plan, I believe, to
16 put a number of pharmacies in the new building and I
17 don't know if your experience with pharmacies is the same
18 as other hospitals, but they do attract people who are
19 both mugging patients and trying to break in and steal
20 drugs from the pharmacy.

21 To answer your second point, Howe Street is a
22 frequency of muggings, as someone who lives and works
23 there has to go out on the street every couple of months
24 in response to muggings and have to call the police and
25 there are car burglaries and house burglaries and the

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1 population of patients and staff, as admitted by Kaiser
2 personnel, are frequently targets of crime.

3 I'm sorry to say I don't have the figures to back
4 this up, but the reports that I have written for the
5 section, for Panel's section, does address incidents have
6 occurred in the last few years that --

7 CHAIRMAN HENDERSON: I believe you've satisfied
8 Commissioner's Mar's request. Commissioner Jones?

9 COMMISSIONER JONES: I just wanted to ask staff
10 in their report for us the next time, could you have for
11 us crime stats on Howe to MacArthur to, I guess 40th?
12 Well, the next thoroughfare.

13 MR. CSICSERY: Can we ask for a second Draft of
14 the EIR in that case?

15 CHAIRMAN HENDERSON: That will be addressed.
16 All the points that you're bringing up are going to be
17 addressed.

18 COMMISSIONER MAR: And possibly add on police
19 power around medical hill.

20 MR. JAMES: There's something important for
21 those speaking tonight to recognize. The point of this
22 is to bring out whatever comments you don't feel the
23 Draft document has addressed. The consultant will take
24 all of those comments received tonight both orally and
25 those that have been written, respond to those in the

1 document known as Responses To Comments. The Responses
2 To Comments plus the Draft document will constitute the
3 final documents. So, we don't go back and redo the
4 Draft. We simply address these in the Responses To
5 Comments document.

6 CHAIRMAN HENDERSON: Let me ask, are there
7 other persons that would like to speak? Your concerns
8 have not been addressed? Okay, if you come up with
9 something that has been said, I'm going to have to cut
10 you off. We want all the information we can get,
11 understand what I'm saying, but we don't need any
12 repetition. I understand all of the concerns that have
13 been voiced are going to be addressed in the Final EIR.
14 So, if you have something new to come up with, then come
15 forward and I'll give you three minutes.

16 MR. JAMES: Please come forward and state your
17 name.

18 MS. MIRZALAN: My name is Flora Mirzalan. Good
19 evening. My brother and I are co-owners of the 10-unit
20 apartment building located at 3843 Howe Street adjacent
21 to the side where Kaiser community Hospital intends to
22 build a 63-feet tall, four-story medical office building.

23 We have some strong concerns regarding this project.
24 Visual effects, a 63-feet tall four-story building would
25 block out most of the afternoon sun for our tenants, some

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1 of them who have lived there more than ten years. We
2 have ten households in our building whose well being is
3 very important to us. Also, the apartment is our
4 livelihoods.

5 We have lost two of our tenants and are having
6 difficulties in filling the vacancies. Since our
7 property is located right next to and with the front door
8 and windows of the main living area facing the proposed
9 four-story building, we are very concerned of our adverse
10 economic effect, the construction period and the new
11 medical building will likely create for the both of us.
12 What will happen to our property value as well as the
13 property values in the area?

14 We also have concerns about parking, traffic,
15 garbage and noise which affects us directly because we
16 are right next to it and we have examples here which will
17 be very short to read, if you will allow me. May I read?

18 CHAIRMAN HENDERSON: You can go ahead. You
19 have four minutes. Please, you're wasting your time.

20 MS. MIRZALAN: Thank you. Traffic: When
21 driving onto Howe Street from MacArthur Boulevard, there
22 is almost always a congestion on Howe Street for the
23 first half of the block. Continuous flows of pedestrians
24 crossing the street, autos and taxis double parked,
25 patients getting out of the double parked cars, on

1 crutches, into the wheelchairs, a mother unbuckling her
2 baby from the car seat and placing her in a stroller
3 which is taken out of the car trunk, all this while
4 double parked.

5 There has to be a safer, more convenient and more
6 efficient way for these people to depart their autos and
7 allow the normal street traffic to flow through. When
8 these conditions exist now, how much worse will they be
9 after the construction of the new medical building?

10 CHAIRMAN HENDERSON: Okay, thank you. Is there
11 any questions for the speaker? Okay, there are no
12 questions. We will have the next speaker, please.

13 MR. JAMES: Karen McRobie?

14 MS. McROBIE: Thank you for the opportunity to
15 speak tonight. Karen McRobie and I'm a home owner on
16 38th Street which is behind the proposed building. There
17 are two specifics which were not addressed in the
18 Environmental Impact Report that I've read.

19 First of all, the Environmental Impact Report is not
20 really an evaluation of the building we were originally
21 shown as members of the community about a year ago, and
22 that was approximately a 79,000 square foot building
23 which is now 123,000 square feet. So, it doesn't
24 represent the building at Kaiser, I believe, they told us
25 we were going to see in our neighborhood.

1 The new building apparently requires the building of
2 a central plant to house the support, the boilers, the
3 ventilation, and that structure is currently being built
4 on Broadway within sight of my house, and I know that
5 building is going to emit air quality problems and noise
6 problems above and beyond anything addressed in the EIR.

7 When we spoke with the Kaiser group this past
8 Monday, Mr. DeMartino said that central plant was
9 necessitated by the building of this new building at the
10 end of my street. I believe that since that central
11 plant was not addressed in the EIR, the EIR needs to
12 revise and talk about air quality and noise from the
13 central plant.

14 My second point is that the quality of life on our
15 streets has not been adequately reviewed because the new
16 building has an emergency exit out back onto 38th and
17 Cerrito that we were not anticipating, and that emergency
18 exit may well lead to an increase in on-street vandalism.
19 There could be graffiti on the new walls of the new
20 building. It's an invitation for people to come up to
21 back of the building through our street, which currently
22 can not be accessed from Howe Street.

23 We feel that the EIR did not survey foot traffic
24 adequately in our area and that this new emergency exit
25 in the back, which is visible to the street and which we

1 feel is quite inviting in the model, has not been
2 adequately addressed. That's all.

3 CHAIRMAN HENDERSON: Questions? Commissioner
4 Rowe?

5 COMMISSIONER ROWE: As a resident on 39th
6 Street, do you currently come through the site to Howe
7 Street to use as a pedestrian?

8 MS. McROBIE: As a pedestrian from 38th Street,
9 I have a combination lock and I sometimes use it, yes.

10 COMMISSIONER ROWE: And I'm not sure you want
11 to be answering this question, but there was nobody here
12 to represent the architect. I can't tell from the EIR or
13 drawings on the easel if there will be some way for you
14 to get to Howe Street around this building.

15 MS. McROBIE: There is a proposal for a secure
16 lock combination gate that is perpendicular to the area
17 that we can now access Howe Street through, and the
18 proposal is that the community members would be able to
19 use that, but that it is primarily there for the use of
20 the hospital staff because there is another unit called
21 the King's Daughter's Home which belongs to Kaiser and
22 people needing to go from there, it might be a quarter of
23 a mile from the main hospital through that locked gate
24 over to the King's Daughter's Home.

25 MR. DeMARTINO: They talked about putting the

1 same kind of combination right here.

2 MS. McROBIE: And that's acceptable to the
3 neighborhood.

4 MS. ROWE: That is acceptable, but that is
5 different from an emergency exit which is off the back.

6 MS. McROBIE: I realize that.

7 CHAIRMAN HENDERSON: Thank you. Are there any
8 other speakers? Does anyone else have any additional
9 information that has not been presented? There being no
10 further information, we will close --

11 MR. JAMES: Mr. Chairman, may we suggest you,
12 in fact, close the public hearing but I'd like to make a
13 comment with respect to the comment period.

14 CHAIRMAN HENDERSON: Sure. We'll close this
15 public hearing at this time.

16 MR. JAMES: Mr. Chairman, as it relates to the
17 comment period in the environmental document it's
18 currently shown as ending October the 5th. We would
19 propose that date be extended to November the 5th in
20 order to address a possible problem with respect to
21 inadequacy of notice, particularly as it relates to the
22 adjacent public agencies.

23 CHAIRMAN HENDERSON: Does everyone understand
24 that? You have until November 5th to render any
25 additional comments you'd like to render in writing and

1 you might make note that -- I guess you don't want to
2 hear it -- but public hearings on EIR's is not a
3 requirement.

4 MR. JAMES: Mr. Chairman, if I may just quickly
5 lay out the scenario, the written comment period will be
6 extended for an additional 30 days to November the 5th.
7 At the closure of that period of time, all the
8 information that has been gathered from this hearing and
9 all of the written comments received over the duration of
10 the circulation of this document, will be turned over to
11 the environmental consultant.

12 The environmental consultant, as a matter of state
13 law, must respond to all the comments received. He will
14 do that in the form of the Responses To Comments that I
15 mentioned earlier. That will be an addendum document
16 known as Responses To Comments. That addendum, together
17 with the Draft document constitutes the proposed Final
18 Environment Document. That document will be brought back
19 to the Planning Commission for final certification.
20 That's the process that will be pursued as it relates to
21 the conclusion of the environmental portion of this
22 project, after which we will turn our attention to the
23 proposed planning approvals necessary in order to
24 implement the project.

25 CHAIRMAN HENDERSON: I'd like to thank you for

1 coming. Thanks to the members of Panel for your
2 organized presentations, and the rest of you for your
3 timely comments.

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1 STATE OF CALIFORNIA)
2 COUNTY OF ALAMEDA) SS

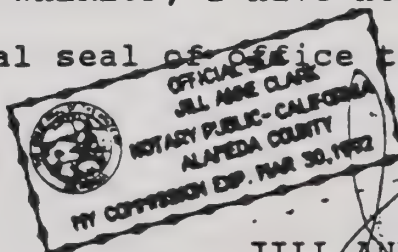
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4 I, Jill Anne Clark, a Notary Public and Certified
5 Shorthand Reporter, California License Number C8563,
6 State of California, do hereby certify:

7
8 That the foregoing proceeding was taken before me
9 at the time and place therein named; and

10
11 That the same was taken in shorthand by myself, and
12 was thereafter transcribed into typewritten
13 transcription.

14
15 I further certify that I am a disinterested person
16 to said action and in no way interested in the outcome
17 thereof no connected or related to any of the parties
18 thereto.

19
20 IN WITNESS WHEREOF, I have hereunto set my hand and
21 affix my official seal of Office this 28th of Sept 20



22
23
24 JILL ANNE CLARK

25 Notary Public #787153

VI. REPORT PREPARERS

EIR AUTHORS

City of Oakland, City Planning Department
1330 Broadway
Oakland, California 94612

EIR CONSULTANTS

Environmental Science Associates, Inc.
301 Brannan Street, Suite 200
San Francisco, California

Principal-In-Charge:	Marty Abell
Project Manager:	Chris Glore
Project Participants:	Max G. Rodel
	Sam Uhland
	Lois Yee
	Hugh Klein

DKS Associates (Transportation)
1956 Webster Street, Suite 300
Oakland, California 94612

Project Manager:	David Marshall
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PERSONS AND ORGANIZATIONS CONSULTED

KAISER PERMANENTE MEDICAL CARE PROGRAM

John Adams, Architect
Joyce Berger, Assistant Administrator
Tom Wilkes, Engineering Supervisor

VII. APPENDICIES

APPENDIX A: IMPACTS ON FREEWAY MAINLINE SEGMENTS 1992 and 2002

KAISER OAKLAND MOB EIR
1992 PROJECT IMPACTS
FREEWAY MAINLINE SEGMENTS

		AM PEAK									PM PEAK						
		-----BASE-----						--WITH PROJECT--			-----BASE-----			--WITH PROJECT--			
From	To	1989 Volume	Volume Per Lane	1989 LOS	1992 Volume	Volume Per Lane	LOS	1992 Volume	Volume Per Lane	LOS	1992 Volume	Volume Per Lane	LOS	1992 Volume	Volume Per Lane	LOS	
INTERSTATE 580																	
35th Avenue	Coolidge Avenue	18000	2250	F	21156	2644	F	21213	2652	F	21156	2644	F	21213	2652	F	
Coolidge Avenue	Fruitvale Avenue	16600	2075	F	19588	2449	F	19649	2456	F	19588	2449	F	19649	2456	F	
Fruitvale Avenue	Park Boulevard	19400	2425	F	22892	2862	F	22957	2870	F	22892	2862	F	22957	2870	F	
Park Boulevard	Lakeshore Avenue	21100	2638	F	24898	3112	F	24966	3121	F	24898	3112	F	24966	3121	F	
Lakeshore Avenue	Van Buren/Grand Avenue	18100	2263	F	21358	2670	F	21430	2679	F	21358	2670	F	21430	2679	F	
Van Buren/Grand Avenue	Oakland Avenue/Harrison St	20900	2613	F	24662	3083	F	24738	3092	F	24662	3083	F	24738	3092	F	
Oakland Avenue/Harrison St	Junction Rt24/I-980	18400	2300	F	21712	2714	F	21712	2714	F	21712	2714	F	21712	2714	F	
Junction Rt24/I-980	MacArthur Bl/San Pablo Av	18800	2350	F	22184	2773	F	22184	2773	F	22184	2773	F	22184	2773	F	
MacArthur Bl/San Pablo Av	Junction I-80/I-880	20100	2513	F	23718	2965	F	23766	2971	F	23718	2965	F	23766	2971	F	
INTERSTATE 880																	
66th Avenue	Junction Rt77/High St/42nd	21600	2700	F	24297	3037	F	24316	3040	F	24297	3037	F	24316	3040	F	
Junction Rt77/High St/42nd	29th/Fruitvale Avenue	20800	2600	F	23296	2912	F	23317	2915	F	23296	2912	F	23317	2915	F	
29th/Fruitvale Avenue	23rd Avenue	20600	2575	F	23072	2884	F	23094	2887	F	23072	2884	F	23094	2887	F	
23rd Avenue	Embarcadero	21500	2688	F	24080	3010	F	24105	3013	F	24080	3010	F	24105	3013	F	
Embarcadero	10th-5th Avenue	21700	2713	F	24304	3038	F	24330	3041	F	24304	3038	F	24330	3041	F	
10th-5th Avenue	Oak Street	20700	2588	F	23184	2898	F	23212	2902	F	23184	2898	F	23212	2902	F	
Oak Street	Jackson Street	17600	2200	F	19712	2464	F	19742	2468	F	19712	2464	F	19742	2468	F	
Jackson Street	Broadway	22400	2800	F	25088	3136	F	25120	3140	F	25088	3136	F	25120	3140	F	
Broadway	Jefferson Street	18600	2325	F	20832	2604	F	20865	2608	F	20832	2604	F	20865	2608	F	
Jefferson Street	Junction I-980	18600	2325	F	20832	2604	F	20867	2608	F	20832	2604	F	20867	2608	F	
INTERSTATE 980																	
Junction I-880	14th Street	5500	1375	A-C	6215	1554	D	6250	1562	D	6215	1554	D	6250	1562	D	
14th Street	18th Street	5000	1250	A-C	5650	1412	A-C	5685	1421	A-C	5650	1412	A-C	5685	1421	A-C	
18th Street	Junction I-580	9100	1138	A-C	10283	1285	A-C	10283	1285	A-C	10283	1285	A-C	10283	1285	A-C	
STATE ROUTE 24																	
Junction I-580	Telegraph/Claremont Avenue	12000	1500	D	13560	1695	D	13560	1695	D	13560	1695	D	13560	1695	D	
Telegraph/Claremont Avenue	Broadway/Patton Street	11400	1425	A-C	12882	1610	A-C	12882	1610	D	12882	1610	D	12882	1610	D	
Broadway/Patton Street	Junction Rt13/Landville Rd	11300	1413	A-C	12769	1596	A-C	12804	1600	D	12769	1596	A-C	12804	1600	A-C	
Junction Rt13/Landville Rd	Caldecott Tunnel	16900	2113	F	19089	2386	F	19118	2390	F	19089	2386	F	19119	2390	F	

Key: LOS	Per Lane Volume
A-C	Up to 1,460
D	1,461 - 1,740
E	1,741 - 1,880
F	1,881 and above

KAISER OAKLAND MOB EIR
2002 PROJECT AND CUMULATIVE IMPACTS
FREEWAY MAINLINE SEGMENTS

		AM PEAK									PM PEAK								
		BASE			W/PROJECT			W/CUMULATIVE			BASE			W/PROJECT			W/CUMULATIVE		
		Volume			Volume			Volume			Volume			Volume			Volume		
From	To	Volume	Per Lane	LOS	Volume	Per Lane	LOS	Volume	Per Lane	LOS	Volume	Per Lane	LOS	Volume	Per Lane	LOS	Volume	Per Lane	LOS
INTERSTATE 580																			
35th Avenue	Coolidge Avenue	33300	4163	F	33410	4176	F	33455	4182	F	33300	4163	F	33410	4176	F	33483	4185	F
Coolidge Avenue	Fruitvale Avenue	30661	3833	F	30763	3845	F	30811	3851	F	30661	3833	F	30763	3845	F	30841	3855	F
Fruitvale Avenue	Bruce Street	35890	4486	F	36014	4502	F	36065	4508	F	35890	4486	F	36014	4502	F	36097	4512	F
Park Boulevard	Lakeshore Avenue	39035	4879	F	39166	4896	F	39220	4903	F	39035	4879	F	39166	4896	F	39255	4907	F
Lakeshore Avenue	Van Buren/Grand Avenue	33485	4186	F	33624	4203	F	33681	4210	F	33485	4186	F	33624	4203	F	33717	4215	F
Van Buren/Grand Avenue	Oakland Avenue/Harrison St	38665	4833	F	38811	4851	F	38871	4859	F	38665	4833	F	38811	4851	F	38909	4864	F
Oakland Avenue/Harrison St	Junction Rt24/I-980	34040	4255	F	34040	4255	F	34040	4255	F	34040	4255	F	34040	4255	F	34040	4255	F
Junction Rt24/I-980	MacArthur Bl/San Pablo Av	34780	4348	F	34780	4348	F	34780	4348	F	34780	4348	F	34780	4348	F	34780	4348	F
MacArthur Bl/San Pablo Av	Junction I-80/I-880	37185	4648	F	37278	4660	F	37368	4671	F	37185	4648	F	37278	4660	F	37450	4681	F
INTERSTATE 880																			
66th Avenue	Junction Rt77/High St/42nd	32832	4104	F	32868	4109	F	32992	4124	F	32832	4104	F	32868	4109	F	33162	4145	F
Junction Rt77/High St/42nd	29th/Fruitvale Avenue	31711	3964	F	31750	3969	F	31885	3986	F	31711	3964	F	31750	3969	F	32071	4009	F
29th/Fruitvale Avenue	23rd Avenue	31312	3914	F	31355	3919	F	31501	3938	F	31312	3914	F	31355	3919	F	31702	3963	F
23rd Avenue	Embarcadero	32680	4085	F	32726	4091	F	32884	4110	F	32680	4085	F	32726	4091	F	33100	4138	F
Embarcadero	10th-5th Avenue	32984	4123	F	33034	4129	F	33202	4150	F	32984	4123	F	33034	4129	F	33434	4179	F
10th-5th Avenue	Oak Street	31464	3933	F	31517	3940	F	31697	3962	F	31464	3933	F	31517	3940	F	31944	3993	F
Oak Street	Jackson Street	26752	3344	F	26808	3351	F	26999	3375	F	26752	3344	F	26808	3351	F	27262	3408	F
Jackson Street	Broadway	34048	4256	F	34107	4263	F	34310	4289	F	34048	4256	F	34107	4263	F	34588	4324	F
Broadway	Jefferson Street	28272	3534	F	28335	3542	F	28548	3569	F	28272	3534	F	28335	3542	F	28842	3605	F
Jefferson Street	Junction I-980	28272	3534	F	28338	3542	F	28563	3570	F	28272	3534	F	28338	3542	F	28872	3609	F
INTERSTATE 980																			
Junction I-580	14th Street	8580	2145	F	8646	2162	F	8871	2218	F	8580	2145	F	8646	2162	F	9180	2295	F
14th Street	18th Street	7800	1950	F	7866	1967	F	8091	2023	F	7800	1950	F	7866	1967	F	8400	2100	F
18th Street	Junction I-580	14196	1775	E	14196	1775	E	14196	1775	E	14196	1775	E	14196	1775	E	14196	1775	E
STATE ROUTE 24																			
Junction I-580	Telegraph/Claremont Avenue	18720	2340	F	18720	2340	F	18720	2340	F	18720	2340	F	18720	2340	F	18720	2340	F
Telegraph/Claremont Avenue	Broadway/Patton Street	17784	2223	F	17784	2223	F	17885	2236	F	17784	2223	F	17784	2223	F	17997	2250	F
Broadway/Patton Street	Junction Rt13/Landville Rd	17628	2204	F	17694	2212	F	17790	2224	F	17628	2204	F	17694	2212	F	17896	2237	F
Junction Rt13/Landville Rd	Caldecott Tunnel	26413	3302	F	26469	3309	F	26549	3319	F	26413	3302	F	26469	3309	F	26639	3330	F

Key: LOS
A-C Up to 1,460
D 1,461 - 1,740
E 1,741 - 1,880
F 1,881 and above

APPENDIX B: SOIL INVESTIGATION REPORT

A Report Prepared for

Kaiser Foundation Health Plan, Inc.
Architectural/Engineering Services Department
1924 Broadway
Oakland, California 94612

SOIL INVESTIGATION
MEDICAL OFFICE BUILDING
KAISER MEDICAL CENTER
OAKLAND, CALIFORNIA

HLA Job. No. 2381,107.04

by

Hadi Widjaja

Hadi Widjaja, Ph.D.
Civil Engineer



Henry T. Taylor

Henry T. Taylor
Geotechnical Engineer



Harding Lawson Associates
666 Howard Street, 3rd Floor
San Francisco, California 94105
415/543-8422

March 14, 1989

V RECOMMENDATIONS

A. Foundation Support

We recommend that the Medical Office Building and the tunnel be supported by spread footings founded in the existing natural soil. The footings should be embedded a minimum of 24 inches below the lowest adjacent grades.

We should check all footing excavations to identify and confirm the presence of suitable bearing materials. Footing excavations should be free of all debris, loose soil, or rock fragments and water prior to concrete placement.

Table 1 summarizes the allowable bearing pressures for the design of footings.

Table 1. Allowable Bearing Pressures for Footings

Load Type	Allowable Bearing Pressures (psf)*
Dead Plus Sustained Live Load	5,000
Dead Plus Live Loads	6,000
Total Loads, including Wind or Seismic	7,500

* psf denotes pounds per square foot.

B. Shoring

The excavation for tunnel construction should be sloped no steeper than 1:1 (horizontal to vertical) unless the cut is shored for its full height.

We judge that either 1) a soldier pile and lagging system with tiebacks, or 2) a soil nailing system can be used to shore the excavation for the building and tunnel construction.

1. Soldier Pile and Lagging System

If soldier pile and lagging system is used, we recommend that the system be designed to resist a uniform lateral pressure of $20 H$ psf, where H is the depth of excavation in feet. If the shoring system is subject to traffic loads within 15 feet of the walls, an additional uniform lateral pressure of 100 psf should be considered within the upper 10 feet of the shoring.

The pull-out capacity of the tiebacks should be calculated based on the skin friction of the tieback sections situated behind an imaginary line sloping upward from a point 5 feet away from the bottom of the excavation at 60 degrees from horizontal. Table 2 summarizes the recommended ultimate values of skin friction. A factor of safety of 1.5 should be applied to these values.

**Table 2. Ultimate Skin Friction for Evaluation of
Tieback Pull-Out Capacity and Soldier Pile
Vertical Load Capacity**

Depth Below Ground Surface (feet)	Ultimate Skin Friction (psf)
0-5	500
5-10	1000
>10	1250

Each row of tiebacks should be installed and load-tested to confirm design capacities before the excavation is deepened. The bottom of the excavation should not extend more than 2 feet below a row of unsecured tiebacks. If any tiebacks fail to meet test-loading requirements, more tiebacks should be added to provide the necessary capacity.

The vertical load capacity of soldier piles should also be calculated using the ultimate skin friction values summarized in Table 2. A factor of safety of

1.5 should be applied to these values. The skin friction on soldier piles act on half of the perimeter area above the excavation level and on full perimeter area below the excavation level.

In areas where excavation depths are relatively shallower, cantilever soldier piles may be feasible. We recommend using the values summarized in Table 3 to evaluate the passive resistance at the toe of the piles. A factor of safety of 1.5 should be applied to these values. Passive resistance on soldier piles can be assumed to act on an area of two pile widths.

Table 3. Soil Passive Resistance

Depth Below Ground Surface (feet)	Soil Passive Resistance (psf)
0-5	1,000
5-10	4,000
>10	5,000

2. Soil Nailing System

If the soil nailing system is used to shore the excavation, we recommend the design parameters summarized in Table 4. If the shoring system is subject to surcharge loads within 15 feet of the walls, the surcharge loads should be considered in the design.

**Table 4. Soil Parameters for Design of
Soil Nailing System**

Depth Below Ground Surface (feet)	Total Density (pcf)*	Ultimate Soil-Nail Friction (psf)	Soil Undrained Shear Strength (psf)
0-5	120	500	500
5-10	125	1,000	2,000
>10	125	1,250	2,500

*pcf denotes pounds per cubic foot.

Irrespective of the shoring system used, we recommend installing surveying points to monitor the movement of the shoring system and settlement of adjacent structures during excavation. These survey points should be read at frequent intervals to provide timely data which can be used to modify the shoring systems if needed.

C. Permanent Basement Walls

The permanent building and tunnel walls that are below grade should be designed to resist lateral earth pressures. We recommend using equivalent fluid densities of 60 pcf. The basement walls should be moisture-proofed. The lateral pressures recommended above do not include surcharge effects. Surcharge loads should be taken into consideration if they are applied within the zone defined by the base of the wall and an imaginary line inclined upward from it at a slope of 1:1. Where basement walls will be located within 15 feet of adjacent streets or driveways, a uniform lateral pressure of 100 psf should be applied to the upper 10 feet of the walls to account for vehicle surcharge.

Lateral pressures on basement walls are increased during earthquakes; thus, we recommend adding a dynamic lateral pressure for seismic loading equal to $15 H$ psf, where H is the wall height in feet and the pressure distribution is rectangular.

D. Resistance to Lateral Loads

Resistance to lateral loads can be derived from friction acting on the bases of the footing, from friction along the vertical faces of footings and walls parallel to the loading direction, and from passive resistance on vertical faces of footings and walls perpendicular to the loading direction. The values in Table 2 should be used to evaluate frictional resistance. To evaluate the passive resistance, the values in Table 3 should be used. We recommend applying a factor of safety of 1.3 to these values for seismic loading.

E. Backfill

The on-site material generally consists of clay of medium to high plasticity. Since this type of soil is expansive (tends to swell when wet and shrink when dry), it should not be used for backfill. Backfill material should be nonexpansive (liquid limit less than 40 and plasticity index less than 15), placed in layers less than 8 inches in loose thickness, and compacted to 90 percent relative compaction.*

F. Floor Slabs

Slab-on-grade floors should be underlain by at least 4 inches of clean, free draining, 3/4-inch crushed rock or gravel. Before the base rock is placed, the subgrade surface should be relatively smooth and unyielding. Since the subgrade soil consists of clay of medium to high plasticity, we recommend wetting the soil prior to base rock

* Relative compaction refers to the in-place dry density of soil expressed as a percentage of the maximum dry density of the same material, as determined by the ASTM D1557-78 laboratory compaction procedure.

placement to reduce the soil volume change potential. If the migration of vapor through the finished floor would be considered objectionable, a vapor barrier and a 2-inch-thick sand layer should be placed on top of the aggregate base.

G. Seismic Design

Our test borings, and those of others, indicate that the site is underlain by stiff and dense soils to bedrock, which was encountered at depths of less than 200 feet. Therefore, for seismic design in accordance with the 1988 Uniform Building Code, we recommend using a site coefficient, S , of 1.0.

H. Construction Observation

We should review the foundation and shoring plans and specifications to check them for conformance with our recommendations. During construction, we should observe the installation of the temporary shoring system, and review data gathered regarding shoring system performance and settlement of adjacent structures. We also should observe the soil conditions at the bottom of the footing excavation to verify that the soil is capable of supporting the design loads.

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